

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000082801

1. Entity Name
EDWIN DAVIS TRUCKING, INC.



Principal Place of Business
**2290 CATTLE DRIVE
BONIFAY, FL 32445**

Mailing Address
**P O BOX 1134
BONIFAY, FL 32425**



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number
38-3686045

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KINGRY, REX
116 PARIDISO PLACE
PANAMA CITY BEACH, FL 32413**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIS, JERRY E
STREET ADDRESS	2290 CATTLE DRIVE
CITY-ST-ZIP	BONIFAY, FL 32445
TITLE	V
NAME	DAVIS, WILLIAM E
STREET ADDRESS	2290 CATTLE DRIVE
CITY-ST-ZIP	BONIFAY, FL 32445
TITLE	S
NAME	DAVIS, BONNIE J
STREET ADDRESS	2290 CATTLE DRIVE
CITY-ST-ZIP	BONIFAY, FL 32445
TITLE	T
NAME	DAVIS, BONNIE J
STREET ADDRESS	2290 CATTLE DRIVE
CITY-ST-ZIP	BONIFAY, FL 32445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jerry E Davis
JERRY E DAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/05
Date

850-547-7331
Daytime Phone #