



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P030Q0082801		
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
		
01082006 No Chg-P CR2E034 (11/05)		
4. FEI Number 38-3686045		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
KINGRY, REX 116 PARIDISO PLACE PANAMA CITY BEACH, FL 32413		
7. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, JERRY E 2290 CATTLE DRIVE BONIFAY, FL 32445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIS, WILLIAM E 2290 CATTLE DRIVE BONIFAY, FL 32445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, BONNIE J 2290 CATTLE DRIVE BONIFAY, FL 32445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, BONNIE J 2290 CATTLE DRIVE BONIFAY, FL 32445	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jerry E. Davis</u> JERRY E. DAVIS 1/10/06 850 547 7331 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		