

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90048 024 \*\*\*150.00

**DOCUMENT # P03000087282**

1. Entity Name  
**KENDRA DAVIS, P.A.**



4/5

Principal Place of Business  
**8020 INTERBAY BLVD.  
TAMPA, FL 33616**

Mailing Address  
**8020 INTERBAY BLVD.  
TAMPA, FL 33616**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

1. CORPORATION 2. PARTNERSHIP 3. LIMITED LIABILITY COMPANY 4. LIMITED LIABILITY PARTNERSHIP 5. TRUST 6. OTHER ENTITY 7. FOREIGN ENTITY 8. FOREIGN CORPORATION 9. FOREIGN PARTNERSHIP 10. FOREIGN LIMITED LIABILITY COMPANY 11. FOREIGN LIMITED LIABILITY PARTNERSHIP 12. FOREIGN TRUST

01062004 Chg-P CR2E034 (10/03)

4. FEI Number  
**75-3126235**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, KENDRA R  
8020 INTERBAY BLVD.  
TAMPA, FL 33616**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Kendra R. Davis* DATE **4/01/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, KENDRA 8020 INTERBAY BLVD. TAMPA, FL 33616	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kendra R. Davis* DATE **4/01/04** (813) 310-6091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR