


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90030 038 \*\*\*150.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # P03000102907</b><br>1. Entity Name<br><b>DAVIS VENDING, INC.</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>3051 VANTAGE LN<br/>NAVARRE FL 32566</b>   |   |  |   | Mailing Address<br><b>3051 VANTAGE LN<br/>NAVARRE FL 32566</b>   |  |
| 2. Principal Place of Business<br><b>5863 Mimesa</b>   |   | 3. Mailing Address<br><b>5863 Mimesa</b>   |   |  |  |
| Suite, Apt. #, etc.<br>  |   | Suite, Apt. #, etc.<br>  |   |  |  |
| City & State<br><b>Milton FL</b>   |   | City & State<br><b>Milton FL</b>   |   | 4. FEI Number <b>20-0300006</b>  |  |
| Zip <b>32570</b>   |   | Country <b>Santa Rosa</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| Zip <b>32570</b>   |   | Country <b>Santa Rosa</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>UNITED STATES CORPORATION AGENTS, INC.<br/>1111 LINCOLN RD<br/>SUITE 400<br/>MIAMI BEACH FL 33139</b>  |   |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE <u>United States Corp. Agents Inc.</u> <span style="float: right;">8-12-2006</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$550.00</b><br><b>DUE BY: September 6, 2006</b><br><b>Make Check Payable to Florida Department of State</b>   |   | S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/> |   |  |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>      |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br><b>DAVIS, CHARLES M</b><br><b>3051 VANTAGE LN</b><br><b>NAVARRE FL 32566</b> |  | <input type="checkbox"/> Delete                                   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |   |  |   |  |  |
| <b>SIGNATURE:</b> <u>Charles M. Davis</u> <b>Charles M. Davis</b> <span style="float: right;">8-12-2006 850-637-3584</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |   |  |  |



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