

# ANNUAL REPORT (AR)

**DOCUMENT # P03000118435**

1. Entity Name  
**EARNEST JACK DAVIES, INC.**



**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business <b>457 CAMP ROAD COCOA FL 32927</b>	Mailing Address <b>457 CAMP ROAD COCOA FL 32927</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State
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4. FEI Number <b>56-2410876</b>	Applied For
	<input type="checkbox"/> Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DAVIES, EARNEST JACK  
457 CAMP ROAD  
COCOA FL 32927**

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	Delete	TITLE	NAME	Change	Addition
	PVTD DAVIES, EARNEST JACK 457 CAMP ROAD COCOA FL 32927	<input type="checkbox"/>		U00000630590 02/20/07-80012-022 150.00	<input type="checkbox"/>	<input type="checkbox"/>
	SD DAVIES, DENISE D 457 CAMP ROAD COCOA FL 32927	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Earnest J. Davies      2-9-07      321-403-4659  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #