2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 17, 2008 08:00 A Secretary of State DOCUMENT # P03000119808 RUSSELL C. DAVIS, INC. Principal Place of Business Mailing Address 4950 BURLINGTON AVE N 4950 BURLINGTON AVE N ST PETERSBURG, FL 33710 ST PETERSBURG, FL 33710 No Chg-P CR2E034 (11/05) 03062008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0341674 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, RUSSELL C DO NOT WRITE 4950 BURLINGTON AVE N ST PETERSBURG, FL 33710 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE DAVIS, RUSSELL C NAME 4950 BURLINGTON AVE. STREET ADDRESS CITY - ST - ZIP SAINT PETERSBURG, FL 33710 U00000859757 04/02/08-80036-005 150.00 VPD TITLE DAVIS, HAROLD NAME STREET ADDRESS 1101 53RD ST. N SAINT PETERSBURG, FL 33710 CITY-ST-ZIP RAKES, JEFFREY NAME STREET ADDRESS 2843 18TH AVE. N DO NOT WRITE CITY-ST-ZIP SAINT PETERSBURG, FL 33713 IN THIS SPACE TITLE STREET ADDRESS

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.

CI.	GN	ΙΔΤΙ	ID	F٠

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-08

FILED