

FILED  
May 04, 2005 08:00 AM  
Secretary of State

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000135743</b>	
1. Entity Name <b>TIM DAVIS PLASTERING, INC.</b>	



Principal Place of Business <b>20701 DICKERSON RD FOUNTAIN, FL 32438</b>	Mailing Address <b>20701 DICKERSON RD FOUNTAIN, FL 32438</b>
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**DO NOT WRITE IN THIS SPACE**



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>52-2418622</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>DAVIS, DONNA 20701 DICKERSON RD FOUNTAIN, FL 32438</b>
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**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when circulating) DATE \_\_\_\_\_

**FILE NOW! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAVIS, TIM 20701 DICKERSON RD FOUNTAIN, FL 32438</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DAVIS, DONNA 20701 DICKERSON RD FOUNTAIN, FL 32438</b>
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IN THIS SPACE**

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 signatures.

**SIGNATURE:** Donna Davis May 2 05 850-729-3053  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type/print name)