

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143070

FILED  
Jun 01, 2006  
Secretary of State

Entity Name: JIM DAVIS HOME REPAIRS, INC.

**Current Principal Place of Business:**

11 NEWCASTLE DR  
FT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

11 NEWCASTLE DR  
FT WALTON BEACH, FL 32547

**New Mailing Address:**

FEI Number: 20-0397409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, JAMES  
11 NEWCASTLE DR  
FT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DAVIS, JAMES P  
Address: 11 NEWCASTLE DR  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: O ( ) Delete  
Name: DAVIS, JAMES R PARTNER  
Address: 11 NEWCASTLE DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: O ( ) Delete  
Name: DAVIS, SUZANNE PARTNER  
Address: 11 NEWCASTLE DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. DAVIS

D

06/01/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date