



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000156012	
1. Entity Name THOMAS H. DAVIS, INC.	

Principal Place of Business 314 NW 35TH TERRACE GAINESVILLE, FL 32607	Mailing Address 314 NW 35TH TERRACE GAINESVILLE, FL 32607
---	---

DO NOT WRITE IN THIS SPACE

	
08232006	No Chg-P
CR2E034 (11/05)	
4. FEI Number 14-1901834	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, THOMAS H
 314 NW 35TH TERRACE
 GAINESVILLE, FL 32607

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, THOMAS H 314 NW 35 TERRACE GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000575126
 08/24/06-80001-015:550.00

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.

SIGNATURE: Th. H. Davis 8-23-06 352-215-4990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #