

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000001238

1. Entity Name

CHRIS DAVIS HOME IMPROVEMENT INC.



Principal Place of Business

2050 US HWY 1 LOT 53
MALABAR, FL 32950

Mailing Address

PO BOX 060063
PALM BAY, FL 32906



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number

16-1689755

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAVIS, CHRIS
2050 US HWY 1 LOT 53
MALABAR, FL 32950

**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.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

1000000490871
04/18/06 80074-011 158.75

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

DAVIS, CHRIS

STREET ADDRESS

2050 US HWY 1 LOT 53

CITY-ST-ZIP

MALABAR, FL 32950

TITLE

D

NAME

DAVIS, JOHN

STREET ADDRESS

2050 US HWY 1 LOT 31

CITY-ST-ZIP

MALABAR, FL 32950

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**

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:

Chris Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/06

Date

321 960 1801

Daytime Phone #