

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90163 021 ***158.75

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04292005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000040797 1. Entity Name ALAN A DAVIS INC.					
Principal Place of Business 10625 HOUSTON AVE. #15 HUDSON, FL 34667			Mailing Address 10625 HOUSTON AVE. #15 HUDSON, FL 34667		
2. Principal Place of Business 10625 Houston Ave.		3. Mailing Address 10625 Houston Ave.			
Suite, Apt. #, etc. #14		Suite, Apt. #, etc. #14			
City & State Hudson FL		City & State Hudson FL			
Zip 34667		Country U.S.		Zip 34667	
Country U.S.		Country U.S.			
6. Name and Address of Current Registered Agent DAVIS, ALLEN A 10625 HOUSTON AVE. #15 HUDSON, FL 34667			7. Name and Address of New Registered Agent Name Davis, Alan A. Street Address (P.O. Box Number is Not Acceptable) 10625 Houston Ave. #14 City Hudson FL Zip Code 34667		
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 <u>Alan A. Davis</u> <u>Alan A. Davis</u> <u>4-29-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, ALAN A 10625 HOUSTON AVE. #15 HUDSON, FL 34667 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Alan A. Davis</u> <u>Alan A. Davis</u> <u>4-29-05</u> <u>(727)-213-4781</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					