

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90036 050 ***150.00

DOCUMENT # P04000056631	
1. Entity Name DAVIDSON AIRPORT CONSULTING INC.	



Principal Place of Business 3660 HILLIARD ROAD JACKSONVILLE, FL 32217	Mailing Address 3660 HILLIARD ROAD JACKSONVILLE, FL 32217
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2. Principal Place of Business 2809 Hidden Stagecoach Rd Suite, Apt. #, etc.	3. Mailing Address 2809 Hidden Stagecoach Rd Suite, Apt. #, etc.
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City & State Jacksonville FL 32223	Country	City & State Jacksonville FL 32223	Country
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02022006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0947233	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 DAVIDSON, MARK R 3660 HILLIARD ROAD JACKSONVILLE, FL 32217	7. Name and Address of New Registered Agent Name: Mark Davidson Street Address (P.O. Box Number is Not Acceptable): 2809 Hidden Stagecoach Rd City: Jacksonville FL Zip Code: 32223
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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 \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DAVIDSON, MARK R 2809 Hidden Stagecoach Rd JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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		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 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: Mark Davidson 3/13/06 (904) 445-8555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #