

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000072273

1. Entity Name
DAVIS SECURITY INSTITUTE, INC



Principal Place of Business
**677 DAVE NISBET DRIVE
SUITE 205
CAPE CANAVERAL, FL 32920**

Mailing Address
**POST OFFICE BOX 84
CAPE CANAVERAL, FL 32020**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1143232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**MOON, STEPHEN ESQ.
677 DAVE NISBET DRIVE
SUITE 205
CAPE CANAVERAL, FL 32920**

**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 fee (if applicable)

(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. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIS, JEROME I
STREET ADDRESS	2512 ISLAND CROSSING WAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	V
NAME	DAVIS, EVADNEY J
STREET ADDRESS	2512 ISLAND CROSSING WAY
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	V
NAME	JORGE, JADELINE
STREET ADDRESS	POST OFFICE BOX 1472
CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/06-80041-004 150.00

**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:

Jerome I. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/06
Date

(71) 543-6450
Daytime Phone #