

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000109601
 1. Entity Name
 DAVIS COMPANIES OF SOUTHEAST FLORIDA, INC.



Principal Place of Business: 5118 SW 195TH TER, MIRAMAR, FL 33029
 Mailing Address: 2211 N 91ST CT, OMAHA, NE 68134



01192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 20-1402344
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

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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, 2007 Fee will be \$550.00

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

100000647120
 08/06/07-80059-018 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIS, DICK
STREET ADDRESS	1626 N 137TH AVE
CITY-ST-ZIP	OMAHA, NE 68154
TITLE	VP
NAME	LADAY-DAVIS, LISA
STREET ADDRESS	8011 BAUMAN AVE
CITY-ST-ZIP	OMAHA, NE 68122
TITLE	SECR
NAME	DAVIS, DICK
STREET ADDRESS	1626 N 137TH ST
CITY-ST-ZIP	OMAHA, NE 68154
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.

XX SIGNATURE: *[Signature]* 1-31-07 402-399-9090
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #