

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000113726**

1. Entity Name  
**GRAVITY COURT REPORTING, INC.**



Principal Place of Business Mailing Address  
**101 SOUTH FRANKLIN STREET SUITE 100 TAMPA, FL 33602 US**  
**101 SOUTH FRANKLIN STREET SUITE 100 TAMPA, FL 33602 US**



02272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1557050**  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DAVIS, BILLIE M**  
**1811 BAYOU GRANDE BOULEVARD NE**  
**SAINT PETERSBURG, FL 33703**

**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 Billie Davis Billie Davis 4/11/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000899658  
04/28/08-80048-006 150.00

**10. OFFICERS AND DIRECTORS**

TITLE PS  
NAME DAVIS, BILLIE M  
STREET ADDRESS 1811 BAYOU GRANDE BOULEVARD NE  
CITY-ST-ZIP SAINT PETERSBURG, FL 33602

TITLE VPT  
NAME ASKINS, DEBBIE E  
STREET ADDRESS 3610 LIGHTNER DRIVE  
CITY-ST-ZIP TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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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: Billie Davis 4/11/08 813-272-2720  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #