2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117163

Entity Name: DAVENPORT FINANCIAL SERVICES, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6525 CONSTITUTION DR 6525 CONSTITUTION DRIVE FORT WAYNE, IN 46804 US FORT WAYNE, IN 46804 US

Current Mailing Address: New Mailing Address:

6525 CONSTITUTION DR 6525 CONSTITUTION DRIVE FORT WAYNE, IN 46804 US FORT WAYNE, IN 46804 US

FEI Number: 20-1487046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPCO, INC. 2699 S BAYSHORE DR 7 FLOOR MIAMI, FL 33133 US CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE 7TH FLOOR MIAMI, FL 33133 US

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.

SIGNATURE: 04/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 WEADE, RON G
 Name:
 WEADE, RON

 Address:
 6525 CONSTITUTION DR
 Address:
 6525 CONSTITUTION DRIVE

 Address:
 6525 CONSTITUTION DR
 Address:
 6525 CONSTITUTION DRIVE

 City-St-Zip:
 FORT WAYNE, IN 46804
 City-St-Zip:
 FORT WAYNE, IN 46804

Name: WEADE, RON Name: WEADE, RON

Address: 6525 CONSTITUTION DR Address: 6525 CONSTITUTION DRIVE City-St-Zip: FORT WAYNE, IN 46804 City-St-Zip: FORT WAYNE, IN 46804

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON WEADE P 04/16/2009