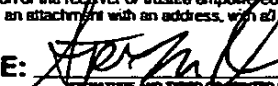


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-22-2005 90079 037 ***150.00
P04000131889

DOCUMENT # P04000131889 1. Entity Name DAVIS ELECTRONICS, INC.					
Principal Place of Business 829 SILVERWOOD DRIVE LAKE MARY, FL 32746 US				Mailing Address 829 SILVERWOOD DRIVE LAKE MARY, FL 32746 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, STEPHEN M 829 SILVERWOOD DRIVE LAKE MARY, FL 32746				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: _____ DATE: _____ Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when retaking)					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DAVIS, STEPHEN M		NAME		
STREET ADDRESS	829 SILVERWOOD DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY, FL 32746		CITY - ST - ZIP		
TITLE	VP ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	DAVIS, KIMBERLY D		NAME		
STREET ADDRESS	829 SILVERWOOD DRIVE		STREET ADDRESS		
CITY - ST - ZIP	LAKE MARY, FL 32746		CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 filers empowered.					
SIGNATURE:  STEPHEN M. DAVIS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			6/15/2005 407-322-5900 Date Daytime Phone #		

FILED

05 JUL -11 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06152005 Chg-P CR2E034 (10/03) JUL 11 2005

4. FEI Number **20-1679589** Applied For ☐ Not Applicable

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

FL