2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

OCUMENT # P04000133470

Ē	OCUMENT # P04000133470 Entity Name				Feb 03, 2006 08:00 AM Secretary of State	
JAMES F. DAVIS ENTERPRISES, INC.			2.			
	Principal Plac	e of Business	Mailing Address			
	8334 MADR WEEKI WAC US	ID ROAD CHEE FL 34613	8334 MADRID ROAD WEEKI WACHEE FL 3 US	4613		
-	2. Principal P	lace of Business	3. Mailing Address		1 (MM: (MM: 1)) MM: 2/20 30/1/ SM: 1/1/ MM: 1/1/ MM: 1/1/ MM: 2/1/2/ 1/1/ MM: 2/1/2/ 1/1/ 1/1/	
Suite, Apt. It, etc.			Suite, Apt. #, etc		1st MOORE CR2E034 (10.005)	
	City & State		City & State		4. FE) Number 87-0714810 Applied Fo. Not Applied	
	Zip .	Country	Zip	Country	Certificate of Status Desirco \$8.75 Additional Fee Regulard	
		6. Name and Address of Curren	t Registered Agent	<u> </u>	7. Name and Address of New Registered Agent	
-				Name		
	136	IMAN, EUGENE D 6 PINEHURST DR SUITE 13 ING HILL FL 34606	366	Street Address	s (P.O. Box Number is Not Acceptable)	
-	J FN	ING THEE I E 34000		City	E I Zp Code	
		named entity submits this statement from of registered agent.	or the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and acce	
}	SIGNATURE .					
}	DIGITAL .	Signature, typea or printed name of registered agen	ta nd tilic il applicable (NOT)	Er Registered Agent signature requi	red when re-nslating) DATE	
- Shamphone	After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 Payable to Florida Department of			S. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fee	
1	1 0 .	OFFICERS AND	7.	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Ì	TATLE	PST	☐ Delete	TUTLE	U00000416251 □ Change □ Add	
	NAME STREET ADDRESS	DAVIS, JAMES F 8334 MADRID ROAD		NAME STREET ADDRESS	02/13/06-80007-013 150.00	
ļ	CITY-ST-ZTP	WEEK! WACHEE FL 34613		CITY-ST-ZIP		
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{	NAME STREET ADDRESS			NAME STREET ADDRESS		
1				GENERAL MODIFESO (

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 empowereanto execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Stock 10 or Block 11 of changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

FILED