


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90031 022 \*\*\*158.75

<b>DOCUMENT # P04000146341</b> 1. Entity Name <b>DAVIS CONTRACTING SERVICES, INC.</b>					
Principal Place of Business <b>341 N FOREST AVENUE ORLANDO, FL 32803 US</b>			Mailing Address <b>341 N FOREST AVENUE ORLANDO, FL 32803 US</b>		
2. Principal Place of Business <b>3710 CLEMWOOD DR.</b>			3. Mailing Address <b>3710 CLEMWOOD DR.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>ORLANDO, FL.</b>			City & State <b>ORLANDO, FL.</b>		
Zip <b>32803</b> Country			Zip <b>32803</b> Country		
4. FEI Number <b>20-1800686</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required					
6. Name and Address of Current Registered Agent <b>DAVIS, JAIME 341 N FOREST AVENUE ORLANDO, FL 32803</b>					
7. Name and Address of New Registered Agent Name <b>JAIME DAVIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>3710 CLEMWOOD DR.</b> City <b>ORLANDO</b> FL Zip Code <b>32803</b>					
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 <u><i>Jaime Davis</i></u> - SECRETARY DATE <b>5-12-06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES DAVIS, LISA <input checked="" type="checkbox"/> Delete 341 N FOREST AVENUE ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(NO LONGER AN OFFICER) <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR DAVIS, JAIME <input type="checkbox"/> Delete 341 N FOREST AVENUE ORLANDO, FL 32803		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DAVIS, JAIME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3710 CLEMWOOD DR. ORLANDO, FL 32803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Jaime Davis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>5-12-06</b> Daytime Phone # <b>407-427-9732</b>		

50019679



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