2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000009293

1. Entity Name
DAVIE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
26451 SUMMER GREEN DR	P O BOX 2167
BONITA SPRINGS, FL 34135	BONITA SPRINGS, FL 34133

DO NOT WRITE IN THIS SPACE

01192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
26-0102953	Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIE, BRIAN J
26451 SUMMDERGREEN DR
BONITA SPRINGS, FL   34-1345

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

U66000613651
02/05/07-80046-017 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	DAVIE, BRIAN J
STREET ADDRESS	26451 SUMMER GREEN DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	ST
NAME	DAVIE, CAROLYN S
STREET ADDRESS	26451 SUMMER GREEN DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #