

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90419 020 ***150.00

DOCUMENT # P05000012105

1. Entity Name
DAVID ENTERPRISES INC



Principal Place of Business
106 GARDENIA AVE
TAVERNIER, FL 33070 US

Mailing Address
106 GARDENIA AVE
TAVERNIER, FL 33070 US

2. Principal Place of Business
106 Gardenia Ave

3. Mailing Address
106 Gardenia Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03282006 Chg-P CR2E034 (11/05)

City & State
TAVERNIER, FL

City & State
Tavernier, FL

4. FEI Number
20-222-4663

Applied For
Not Applicable

Zip 33070 Country USA

Zip 33070 Country USA

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

6. Name and Address of Current Registered Agent

LESER, DAVID
106 GARDENIA AVE
TAVERNIER, FL 33070

7. Name and Address of New Registered Agent

Name
LESTER, DAVID

Street Address (P.O. Box Number is Not Acceptable)

106 Gardenia Ave.

City
Tavernier

FL

Zip Code
33070

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: *David Lester* DAVID LESTER

03/28/2006

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CH 1068
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME PS
STREET ADDRESS LESTER, DAVID
CITY-ST-ZIP 106 GARDENIA AVE
TAVERNIER, FL 33070 ☐ Delete

TITLE
NAME VPT
STREET ADDRESS LESTER, GINETTE
CITY-ST-ZIP 106 GARDENIA AVE
TAVERNIER, FL 33070 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: *David Lester* DAVID LESTER

03/28/2006

305 852 3528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #