


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2007 08:00 A
Secretary of State

DOCUMENT # P05000019031 1. Entity Name GARRY DAVIS FLOORING, INC.	
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Principal Place of Business 3011 SE 5TH TERRACE OCALA, FL 34471	Mailing Address 3011 SE 5TH TERRACE OCALA, FL 34471
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08232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2263574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, GARRY D
 3011 SE 5TH TERRACE
 OCALA, FL 34471

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S DAVIS, GARRY D 3011 SE 5TH TERRACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVIS, JOSHUA A 3011 SE 5TH TERRACE OCALA, FL 34471
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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: Garry Davis 8-21-07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #