


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000054438  
 1. Entity Name  
 ROBERT CARL DAVIS P.A.



Principal Place of Business      Mailing Address  
 24 N MARKET ST SUITE 301A      24 N MARKET ST SUITE 301A  
 JACKSONVILLE, FL 32202 US      JACKSONVILLE, FL 32202 US

**DO NOT WRITE IN THIS SPACE**



02282006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 20-2667017      Not Applicable

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

6. Name and Address of Current Registered Agent  
 DAVIS, ROBERT C  
 7925 MERRILL RD  
 #1511  
 JACKSONVILLE, FL 32277

**DO NOT WRITE IN THIS SPACE**

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**  
**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	PVD
NAME	DAVIS, ROBERT C
STREET ADDRESS	24 N MARKET ST SUITE 301A
CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	ST
NAME	DAVIS, ROBERT C
STREET ADDRESS	24 N MARKET ST SUITE 301A
CITY - ST - ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/31/06-80032-009 150.00

**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 an other like empowered.

SIGNATURE: *Robert Carl Davis*      Date: *March 17, 2006*

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