

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000056507

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** BARBARA DAVIS SERVICES, INC.

**Current Principal Place of Business:**

13071 CHETS CREEK DR N  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

4479 ROCKY RIVER RD W  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

13071 CHETS CREEK DR N  
JACKSONVILLE, FL 32224

**New Mailing Address:**

4479 ROCKY RIVER RD W  
JACKSONVILLE, FL 32224

**FEI Number:** 20-2844446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, BARBARA L  
13071 CHETS CREEK DR N  
JACKSONVILLE, FL 32224 US

**Name and Address of New Registered Agent:**

DAVIS, BARBARA L  
4479 ROCKY RIVER RD W  
JACKSONVILLE, FL 32224 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/17/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D, P  
Name: DAVIS, BARBARA L  
Address: 4479 ROCKY RIVER RD W  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA DAVIS

D,P

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date