




# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90204 010 \*\*\*150.00

<b>DOCUMENT # P05000081271</b> 1. Entity Name <b>STEVE D. DAVIS, INC.</b>					
Principal Place of Business <b>PO BOX 873 BUSHNELL, FL 33513</b>			Mailing Address <b>PO BOX 873 BUSHNELL, FL 33513</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip Country		Zip Country		4. FEI Number <b>20-2967697</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>DAVIS, STEVE 125 NORTH C470 LAKE PANASOFFKEE, FL 33538</b>			7. Name and Address of New Registered Agent Name <b>Steve Davis</b> Street Address (P.O. Box Number is Not Acceptable) <b>3940 CR 309</b> <b>Lake Panasoffkee, FL 33538</b> City <b>Lake Panasoffkee</b> <b>FL</b> Zip Code <b>33539</b>		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE _____  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 20%; text-align: center;">   <b>2/28/08</b> </div> <div style="width: 40%; text-align: right;">           DATE _____  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, STEVE <del>PO BOX 873 -</del> <del>BUSHNELL, FL 33513 -</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3940 CR 309 Lake Panasoffkee, FL 33538	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">   <b>2/28/08</b> </div> <div style="width: 60%;">           DATE _____  <small>Daytime Phone #</small> </div> </div>		



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