
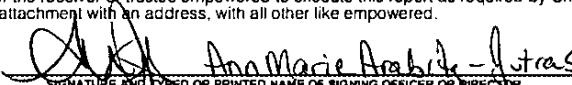


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2006 8:00 am
Secretary of State

08-07-2006 90043 031 ***150.00

DOCUMENT # P05000088067 1. Entity Name DAVANN ENTERPRISES, INC.			
Principal Place of Business 322 N W 103RD TERR PEMBROKE PINES, FL 33026		Mailing Address 322 N W 103RD TERR PEMBROKE PINES, FL 33026	
2. Principal Place of Business 6500 NW 12 Ave		3. Mailing Address 	
Suite, Apt. #, etc. # 101		Suite, Apt. #, etc. 	
City & State Ft. Lauderdale FL		City & State 	
Zip 33309	Country US	Zip 	Country
6. Name and Address of Current Registered Agent JUTRAS, DAVID 322 N W 103RD TERR PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUTRAS, DAVID 322 N W 103RD TERR PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUTRAS, ANN MARIE 322 N W 103RD TERR PEMBROKE PINES, FL 33026	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 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: 		Date: 7/21/06 Daytime Phone #: 786-299-1664	

50024520



07132006 Chg-P CR2E034 (11/05)

4. FEI Number **61-1490045** Applied For Not Applicable

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