


FILED
Mar 06, 2008 8:00 am
Secretary of State

01-15-2008 90035 010 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000116027
 1. Entity Name
 DAVIS-GRAVES, INC.



Principal Place of Business
 POST OFFICE BOX 97
 BALM, FL 33503

Mailing Address
 POST OFFICE BOX 97
 BALM, FL 33503

66002600



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-3528536 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DAVIS, WAYNE T
 1349 OAKFIELD DRIVE
 BRANDON, FL 33511

**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: Eloise D. Graves, President of Davis-Graves 1/11/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required and notarizing) DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRAVES, ELOISE D
STREET ADDRESS	415 BLAKE STREET
CITY-ST-ZIP	AUBURN, AL 36830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.
 SIGNATURE: Eloise D. Graves, President mar 4, 08 334 887 6626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 334 332 4207 (cell)

Eloise D. Graves