

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**


**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90190 023 \*\*\*150.00

66009917



1st MOORE CR2E034 (10/05)

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| DOCUMENT # P05000136084  |  |   |  |                                |  |
| 1. Entity Name<br>WANDA G. DAVIS REAL ESTATE, INC.   |  |   |  |   |  |
| Principal Place of Business<br>5170 SOUTH FERDON BLVD.<br>CRESTVIEW FL 32536   |  | Mailing Address<br>P.O. BOX 384<br>CRESTVIEW FL 32536 |  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address                                    |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                   |  |   |  |
| City & State   |  | City & State  |  | 4. FEI Number <u>20-3582441</u> <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| Zip  | Country  | Zip   | Country  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                        |  |
| 6. Name and Address of Current Registered Agent<br><br>DAVIS, WANDA G<br>1171 WALKER DRIVE<br>BAKER FL 32531   |  |   | 7. Name and Address of New Registered Agent<br>Name- <u>Wanda G. Davis</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>344 Adams Dr.</u><br>City <u>Crestview</u> FL Zip Code <u>32536</u> |   |  |
| 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.<br>SIGNATURE <u>Wanda G. Davis</u> DATE <u>2-19-06</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |   |  |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State   |  |   | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees<br>Trust Fund Contribution. <input type="checkbox"/>   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>DAVIS, WANDA G<br>1171 WALKER DRIVE<br>BAKER FL 32531 | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>Davis, Wanda G<br>P.O. Box 384<br>Crestview, FL 32536  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DAVIS, WANDA G<br>1171 WALKER DRIVE<br>BAKER FL 32531 | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Davis, Wanda G.<br>P.O. Box 384<br>Crestview, FL 32536   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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: <u>Wanda G. Davis</u>   |  |   | DATE: <u>2-19-06</u>   |   | DAYTIME PHONE #: <u>850 682 4953</u>   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   | <small>Date</small>  |   | <small>Daytime Phone #</small>   |

ATTACHMENT

66009917

# P05000136084

MELANIE GUTHRIE  
CERTIFIED PUBLIC ACCOUNTANT  
102 East Beach Avenue • Oklawaha, Florida 32958

PENSACOLA FL 325

28 MAR 2006 PM 2 L



INSUFFICIENT ADDRESS  
TALLAHASSEE FL 32302

NOT 150

Division of Corporations  
P.O. Box 150



32302+0150-50 8001



- Please do not penalize this corporation, It was returned to us.

Thank you,