


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000148929	
1. Entity Name S DAVIS ENTERPRISES, INC.	


Principal Place of Business 250 BERMUDA ROAD TALLAHASSEE, FL 32312	Mailing Address 250 BERMUDA ROAD TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE

FILED

07 JUL 20 PM 1:29

TALLAHASSEE, FLORIDA




07182007 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2420351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FORD, STEPHEN
250 BERMUDA ROAD
TALLAHASSEE, FL 32312

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  DATE 7/20/07

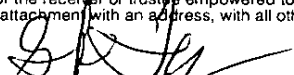
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MATTHEWS, LEONARD JR 509 E MAGNOLIA TERRACE #H-127 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FORD, ALPONSO 330 REED STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FORD, STEPHEN 330 REED STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 7/20/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

DO NOT WRITE IN THIS SPACE

500106647255

07/24/07--01056--016 **150.00

7/20