


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90013 042 \*\*\*150.00

<b>DOCUMENT # P06000128447</b> 1. Entity Name <b>DAVIDSON PROPERTY MANAGEMENT, INC.</b>					
Principal Place of Business <b>100 E. TOWN PLACE SUITE 100 ST. AUGUSTINE, FL 32092</b>			Mailing Address <b>100 E. TOWN PLACE SUITE 100 ST. AUGUSTINE, FL 32092</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>51-0608057</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>DAVIDSON, SHARON P 101 E. TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092</b>					
7. Name and Address of New Registered Agent Name <b>Davidson, Sharon P</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 E. TOWN PL, Suite 200</b> City <b>St. Augustine</b> FL      Zip Code <b>32092</b>					
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 <u><i>Sharon P. Davidson</i></u> DATE <b>3-14-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, JAMES E JR. 100 E. TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, SHARON P 100 E. TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARIANI, FREDERICK P 100 E. TOWN PLACE, SUITE 200 ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Gil, Eduardo E 100 E. TOWN PL, STE 100 St. Augustine, FL 32092	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete			
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: <u><i>Sharon P. Davidson</i></u> Date <b>3-14-08</b> Daytime Phone # <b>904-940-5000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		