

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000075809

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** ELIZABETH P. DAVIES, CPA, PA

**Current Principal Place of Business:**

3911 WEST NEWBERRY RD  
SUITE C-2  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

3911 WEST NEWBERRY RD  
SUITE C-2  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 26-0445965      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIES, ELIZABETH P  
3401 SW 100TH ST  
GAINESVILLE, FL 32607      US

**Name and Address of New Registered Agent:**

DAVIES, ELIZABETH P  
3911 W NEWBERRY RD  
STE C-2  
GAINESVILLE, FL 32607      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/23/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DAVIES, ELIZABETH P  
Address: 3911 W NEWBERRY RD  
City-St-Zip: GAINESVILLE, FL 32607

Title: T  
Name: DAVIES, ELIZABETH P  
Address: 3911 W NEWBERRY RD  
City-St-Zip: GAINESVILLE, FL 32607

Title: S  
Name: DAVIES, ELIZABETH P  
Address: 3911 W NEWBERRY RD  
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH P DAVIES

Electronic Signature of Signing Officer or Director

P

02/23/2010

Date