

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P28253

1. Entity Name

DAVNA INVESTMENT LIMITED CORP.



Principal Place of Business

730 OLD COACHMAN RD.
CLEARWATER FL 33765
US

Mailing Address

730 OLD COACHMAN RD.
CLEARWATER FL 33765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-2992016

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHIFFMAN, HOWARD
730 OLD COACHMAN RD
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PAS	<input type="checkbox"/> Delete
NAME	SHIFFMAN, DAVID	
STREET ADDRESS	5200 BRITTANY SR S UNIT 402	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIFFMAN, DAVID	
STREET ADDRESS	5200 BRITTANY SR S UNIT 402	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHIFFMAN, EDNA	
STREET ADDRESS	5200 BRITTANY SR S UNIT 402	
CITY-ST-ZIP	SAINT PETERSBURG FL 33715	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	HOWARD, SHIFFMAN	
STREET ADDRESS	730 OLD COACHMAN RD.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHIFFMAN, DEBBIE	
STREET ADDRESS	730 OLD COACHMAN RD.	
CITY-ST-ZIP	CLEARWATER FL 33765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U000000035292	
CITY-ST-ZIP	02/06/04-80012-012 158.75	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/04 (727) 669-5212 X22