## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2005 08:00 AM Secretary of State

DOCUMENT # P92000011511  1. Entity Name DAVID DAVIS ELECTRIC, INC.					5001	ctary o	
6 ATLANTIC	AVE	lailing Address 6 ATLANTIC AVE (EY LARGO, FL 33037	·	( ( <b>ER</b> (( <b>ER</b> ()	(# 1811# (#111 <b>28</b> 111 <b>88</b> 111 <b>8</b>	ii <b>Bala</b> i	: श्रम्भा सम्बद्धाः सः स्थान
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C	O NOT WRITE II	CE	04262005	No Chg-P	CR2E034 (10		
			4. FEI Numb	2054	~ \$8.7	Applied For Not Applicable  5 Additional	
<del></del>	6. Name and Address of Current Regis		5. Certificate	e of Status Desired		equired	
97665 OV	SHAWN W CPA ERSEAS HWY GO, FL 33037	DO NOT WRITE IN THIS SPACE					
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 Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature typed or printed name of registered agent and the if applicable (NOTE Registered Agent signature required when retristating)							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution				5.00 May Be Ided to Fees			
TO.  THE NAME STREET ADDRESS CITY-ST-ZIP THE	OFFICERS AND DIRECT PD DAVIS, DAVID A 6 ATLANTIC AVE. KEY LARGO, FL 33037	CTORS			Uninno	362757	
NAME STREET ADDRESS I CITY-SI-ZIP					05/05/05-{	30131°-008	150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		IN '	THIS SP	ACE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			·				
TITLE NAME STREET ADDRESS CITY - ST- ZIP							-
!	pertify that the information supplied with this fit on this report or supplemental report is true a poration or the receiver or trustee empowered	ing does not qualify for the exer and accurate and that my signat to execute this report as requir	mption stated in Sture shall have the red by Chapter 60	lection 119 07(3)( same legal effector, Florida Statute	i). Florida Statutes I It as if made under o is; and that my name	further certify that ath, that I am an o	the information officer or director