

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037007

FILED  
Jul 09, 2008  
Secretary of State

Entity Name: DAVIES AUTOMOTIVE SPECIALTIES INC.

**Current Principal Place of Business:**

7141 US HWY 19  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

7141 US HWY 19  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

FEI Number: 59-3186531      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DAVIES, ROBERT  
7141 US HWY 19  
NEW PORT RICHEY, FL 34652 US

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

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDVD ( ) Delete  
Name: DAVIES, ROBERT  
Address: 7141 US HWY 19  
City-St-Zip: NEW PT RICHEY, FL

Title: STD ( ) Delete  
Name: DAVIES, SUSAN  
Address: 7141 US HWY 19  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT DAVIES

PRES

07/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

727-842-8000  
Fax: 727-846-8216  
800-236-2383

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**DAVIES**  
Corvette Parts & Accessories

7/9/08  
7141 U.S. 19  
New Port Richey,  
FL 34652-1638



July 23, 2008

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Reinstatement Section  
Document # P93000037007

RE: Davies Automotive Specialties  
7141 U.S. Highway 19  
New Port Richey, FL 34652  
727-842-8000

Please accept this letter as a request for the reinstatement of late fees pertaining to Davies Automotive Specialties Inc., as I did not receive the original notice. I did make complete payment on July 9, 2008 via credit card using your web site.

If you have any questions, please feel free to contact me.

Thank you.

A handwritten signature in cursive script that reads "Susan Davies". The signature is fluid and elegant, written in black ink.

Susan Davies