## FILED **2005 FOR PROFIT CORPORATION** . ANNUAL REPORT Feb 11, 2005. 08:00 AM **Secretary of State** DOCUMENT # P93000088317 1. Entity Name SNEAD Y. DAVIS, INC. Principal Place of Business Mailing Address 1560 LANCASTER TERR 1560 LANCASTER TERR #1500 #1500 JACKSONVILLE, FL 32204 JACKSONVILLE, FL 32204 No Chg-P 02012005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3217472 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONE, JR., FRED M DO NOT WRITE **SUITE 2600 50 N. LAURA STREET** IN THIS SPACE JACKSONVILLE, FL 32202 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 primed forme of registered agent and title it applicable. (NOTE, Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

Added to Fees

\$5.00 May Be

NAME DAVIS, SNEAD Y. STREET ADDRESS 1560 LANCASTER TERRACE #1500 CITY-ST-ZIP JACKSONVILLE, FL TITLE VΡ NAME CALENDINE, C. ED STREET ADDRESS 29210 NW 122ND STREET CITY-ST-ZIP ALACHUA, FL 326159617 VΡ TITLE SNEAD, PHILIP NAME STREET ADDRESS 29210 NW 122ND STREET CITY-ST-ZIP ALACHUA, FL 326159617 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

OFFICERS AND DIRECTORS

FILE NOW!!! FEE IS \$150.00

PSTD

10.

HILE

After May 1, 2005 Fee will be \$550.00

U00000225222 02/11/05**-8**0031-021 150.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP