


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000088317</b> 1. Entity Name <b>SNEAD Y. DAVIS, INC.</b>	
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Principal Place of Business <b>1560 LANCASTER TERR #1500 JACKSONVILLE, FL 32204</b>	Mailing Address <b>1560 LANCASTER TERR #1500 JACKSONVILLE, FL 32204</b>
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**DO NOT WRITE IN THIS SPACE**



03192007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3217472</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CONE, JR., FRED M  
SUITE 2600  
50 N. LAURA STREET  
JACKSONVILLE, FL 32202**

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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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04/10/07-80041-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Snead Y Davis, President 3-26-07 (904) 355-8941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Snead Y. Davis, President