

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000003033

1. Entity Name  
DAVENPORT PROPERTIES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 18 AM 11:30

Principal Place of Business  
7293 CAPTAIN KIDD REEF  
PENSACOLA, FL 32507 US

Mailing Address  
7293 CAPTAIN KIDD REEF  
PENSACOLA, FL 32507 US



2. Principal Place of Business - No P.O. Box #  
13578 Perdido Key Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
13578 Perdido Key Dr.  
Suite, Apt. #, etc.

07122007 Chg-P CR2E034 (12/06)

City & State  
Pensacola, FL

City & State  
Pensacola, FL

Zip Country  
32507 USA

Zip Country  
32507 USA

4. FEI Number  
59-3291505

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, ALISON  
~~7293 CAPTAIN KIDD REEF~~ 7263 Captain Kidd Reef  
PENSACOLA, FL 32507

7. Name and Address of New Registered Agent

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: Alison R Davenport Alison Davenport 9/10/07  
Signature, typed or printed name of registered agent and file # applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	DAVENPORT, ALISON	7263 CAPTAIN KIDD REEF	PENSACOLA, FL 32507	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

200109872512  
09/25/07--01008--023 \*\*558.75

B 9/20/07

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: Alison R Davenport Alison R. Davenport 9/10/07 (850)492-2940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #