

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000043892

1. Entity Name
DAVIS MGT. INC.



Principal Place of Business
**13460 SW 10 STREET
SUITE 101
PEMBROKE PINES, FL 33027 US**

Mailing Address
**13460 SW 10 STREET
SUITE 101
PEMBROKE PINES, FL 33027 US**



06302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0583967

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DAVIS, CHARLES W.
13460 SW 10 ST.
SUITE 101
PEMBROKE PINES, FL 33027**

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

SIGNATURE Charles W Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restatesting)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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
**PSD
DAVIS, CHARLES W
13460 SW 10 ST. SUITE 101
PEMBROKE PINES, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DAVIS, JULIE
13460 SW 10 ST SUITE 101
PEMBROKE PINES, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
THOMPSON, LAURA
13460 SW 10 ST. SUITE 101
PEMBROKE PINES, FL 33027**

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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07/07/05-80017-003 558.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles W Davis Charles W. Davis, Pres. 7/1/05 (951) 978-2783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #