


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P95000061239</b> 1. Entity Name CLYDE W. DAVIS, P.A.	
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Principal Place of Business 20 SOUTH FIFTH STREET FERNANDINA BEACH, FL 32034 US	Mailing Address 20 SOUTH FIFTH STREET FERNANDINA BEACH, FL 32034 US
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**DO NOT WRITE IN THIS SPACE**



03232006 No Chg-F CR2E034 (11/05)

4. FEI Number 59-3333121	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

DAVIS, CLYDE W  
20 SOUTH FIFTH STREET  
FERNANDINA BEACH, FL 32034

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	U00000480878 04/11/06-80009-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, CLYDE W 20 SOUTH FIFTH STREET FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 fees empowered

**SIGNATURE:** \_\_\_\_\_ **3/23/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #