

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 27, 2006 8:00 am  
Secretary of State**

04-27-2006 90203 034 \*\*\*150.00

DOCUMENT # P95000093005		
1. Entity Name DAVIS ACCOUNTING & TAX SERVICE, INC.		
Principal Place of Business 2226 22ND LANE LAKE WORTH, FL 33463-3354		Mailing Address 2226 22ND LANE LAKE WORTH, FL 33463-3354
2. Principal Place of Business 4010 So 57 <sup>th</sup> Ave Suite, Apt. #, etc. Suite 104A	3. Mailing Address 4010 So 57 <sup>th</sup> Ave Suite, Apt. #, etc. Suite 104A	
City & State Lake Worth FL Zip 33463	City & State Lake Worth FL Zip 33463	
6. Name and Address of Current Registered Agent DAVIS, LEIANN S 2226 22ND LANE LAKE WORTH, FL 33463-3354		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 _____ (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, LEIANN S 2226 22ND LANE LAKE WORTH, FL	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowerments.		
SIGNATURE 		2/12/06 Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		