2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000014107 1. Entity Name 03-03-2005 90174 040 ***150.00 M. S. DAVIS SALES & MARKETING, INC. Principal Place of Business Mailing Address 939 BURRISRIDGE DR 5337 NORTH SOCRUM LOOP ROAD 40025210 LAKELAND, FL 33809 PMB 302 LAKELAND, FL 33809 2. Principal Place of Business 3. Mailing Address 8460 Plantation Ridge Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Lakeland, FL 59-3367388 Not Applicable Zip 33809 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Polk Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Davis, Merton S. DAVIS; MERTON'S Street Address (P.O. Box Number is Not Acceptable) 8460 Plantation Ridge Blvd. 939 BURRISRIDGE DR LAKELAND, FL 33809 City Lakeland 33869 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 N/A Signature, typed or printed name of registered agent and title if applicable. (NCTF: Reciptored Agent signature required when reinstation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change Addition TITLE Delete TITLE DAVIS, MERTON S NAME NAME Davis, Merton S. STREET ADDRESS 939 BURRISRIDGE DRIVE STREET ADDRESS 8460 Plantation Ridge Blvd. CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33809 Lakeland, FL 33809 ☐ Delete Change ☐ Addition TITLE TITLE NAME DAVIS, SONYA J Davis, Sonya J. NAME 8460 Plantation Ridge Blvd. STREET ADDRESS 939 BURRISRIDGE DRIVE STREET ADDRESS Lakeland, FL 33809 CITY-ST-ZIP LAKELAND, FL 33809 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TIT! F Chance NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 of execute this report as required by Chapter 607, Horida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attact ment with an address, with all other like empowered. (863) 859-6351 Feb. 28. 2005 SIGNATURE: INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Mar 03, 2005 8:00 am