2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCÚMENT # P96000014107

1. Entity Name

M. S. DAVIS SALES & MARKETING, INC.



Principal Place of Business

8460 PLANTATION RIDGE BLVD LAKELAND, FL 33809 Mairing Address

5337 NORTH SOCRUM LOOP ROAD PMB 302

LAKELAND, FL 33809

FILED Feb 24, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042006 No Chg-P		CR2E034 (11/05)		
4. FEI Number	<u> </u>		Applied For	
59-3367388			Not Applicab	
		40.00		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

DAVIS, MERTON S 8460 PLANTATION RIDGE BLVD LAKELAND, FL 33809

DO NOT WRITE IN THIS SPACE

LAKELAND, FL 33009			IN THIS SPACE			
	named entity submits this statement for the poons of registered agent.	urpose of changing its registered	office or r	egistered agent, or b	oth, in the State of Florida. I am familia	ar with, and acce
SIGNATURE_	Signature, typed or printed name of represented agent and little fi	t applicable. (NOTE: Registered Ag	ent signatun	required when reinstating)	DATE LICOLOGICA CONTRACTOR	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		03/08/06 80015-016	150.00	
10.	OFFICERS AND DIREC	TORS				
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MERTON S 8460 PLANTATION RIDGE BLVD LAKELAND, FL 33809					
TITLE NAME STREET ADDRESS CITY-ST-ZIF	D DAVIS, SONYA J 8460 PLANTATION RIDGE BLVD LAKELAND, FL 33809					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
HITLE NAME STREET ADDRESS CITY-ST-UP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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 call; 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 attackment with an address, without piner like empowered.

SIGNATURE:

CITY-ST-ZIP

Merton S. Davis

x 1/24/06

(863) 858-8829

Daytime Phone 8