


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000028906
1. Entity Name
DAVIS & KIRSTE, P.A.



Principal Place of Business Mailing Address
803 EAST DIXIE AVENUE 803 EAST DIXIE AVENUE
LEESBURG, FL 34748 LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE



07162007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-3370071 Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, HUGH A II
803 EAST DIXIE AVENUE
LEESBURG, FL 34748

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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 reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, HUGH A II
STREET ADDRESS	803 EAST DIXIE AVENUE
CITY - ST - ZIP	LEESBURG, FL 34748
TITLE	D
NAME	KIRSTE, M. MEREDITH
STREET ADDRESS	803 EAST DIXIE AVENUE
CITY - ST - ZIP	LEESBURG, FL 34748
TITLE	D
NAME	SAHAB, SAMI J
STREET ADDRESS	803 EAST DIXIE AVENUE
CITY - ST - ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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 authority empowered.

SIGNATURE: M Meredith Kuste 7/16/07 352 326-3455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #