

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90081 022 \*\*\*150.00

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01192005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P96000090936</b> 1. Entity Name <b>DAVIS CREEK CORPORATION</b>					
Principal Place of Business 1329 KINGSLEY AVE STE D ORANGE PARK, FL 32073			Mailing Address 1329 KINGSLEY AVE STE D ORANGE PARK, FL 32073		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1882 BELLAIR BLVD.</b> Suite, Apt. #, etc.			
City & State		City & State <b>ORANGE PARK FL</b>		4. FEI Number <b>58-2271482</b>	
Zip <b>32073</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NICHOLS, JOHN W</b> <b>1329 KINGSLEY AVE STE D</b> <b>ORANGE PARK, FL 32073</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIVERS, VAUGHN 2245 REED STREET ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD NICHOLS, JOHN W 2201 ASTOR ST CAPRI 14 ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NICHOLS, STEVEN P 19310 OAK VIEW TERRACE HOUSTON, TX 77094	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADY, DALE J 937 BIRDWOOD ORANGE PARK, FL 32073	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 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 empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					