

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 23, 2007 08:00 AM
Secretary of State**DOCUMENT # P97000023082**

1. Entity Name

ROGER DAVIS TRUCKING, CORP.



Principal Place of Business

1320 YORKTOWN ST
DELAND, FL 32724

Mailing Address

1320 YORKTOWN ST
DELAND, FL 32724

04162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3447168Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent**DAVIS, DIAN
4671 SOUTH TOMOKA DRIVE
DELEON SPRINGS, FL 32130**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE _____

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution: ☐**\$5.00** May Be
Added to FeesU00000722424
05/02/07-80029-023 150.00**10. OFFICERS AND DIRECTORS**TITLE P
NAME DAVIS, ROGER O
STREET ADDRESS 280 N KEPLER RD
CITY- ST- ZIP DELAND, FL 32724TITLE VT
NAME DAVIS, JENNIFER
STREET ADDRESS 4667 S. TOMOKA DR
CITY- ST- ZIP DE LEON SPRINGS, FL 32130TITLE D
NAME DAVIS, DIAN
STREET ADDRESS 4671 S TOMOKA DR
CITY- ST- ZIP DELEON SPRINGS, FL 32130TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-07

Date

Daytime Phone # _____