

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90037 025 \*\*\*150.00

DOCUMENT # P97000039111

1. Entity Name  
DAVIS & SCARBROUGH, INC.



Principal Place of Business  
7068 NW 70TH MANOR  
POMPAÑO BEACH, FL 33067

Mailing Address  
7068 NW 70TH MANOR  
BOX #201  
POMPAÑO BEACH, FL 33067

40102702



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

02132007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
65-0754129

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, SCOTT  
7068 NW 70TH MANOR  
POMPAÑO BEACH, FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, SCOTT	
STREET ADDRESS	7068 NW 70TH MANOR	
CITY - ST - ZIP	POMPAÑO BEACH, FL 33067	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVIS, SCOTT	
STREET ADDRESS	7068 NW 70TH MANOR	
CITY - ST - ZIP	POMPAÑO BEACH, FL 33067	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

*Scott Davis* Scott DAVIS

4/30/07

954-240-1641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #