2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000041097

Entity Name: DAVIS & COMPANY, INC.

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

808 E. CARROLL STREET 2725 13TH STREET

KISSIMMEE, FL 34744 US SAINT CLOUD, FL 34769 US

Current Mailing Address: New Mailing Address:

808 E. CARROLL STREET 2725 13TH STREET

KISSIMMEE, FL 34744 US SAINT CLOUD, FL 34769 US

FEI Number: 59-3442745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FOUST, KATHLEEN M 17 S ORLANDO AVE KISSIMMEE, FL 34741

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

US

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 DAVIS, LISA
 Name:
 DAVIS, MICHAEL W

 Address:
 3161 APPALOOSA COURT
 Address:
 3161 APPALOOSA COURT

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34746

Title: VP () Delete Title: VP (X) Change () Addition Name: DAVIS. MICHAEL W Name: DAVIS. LISA G

Name: DAVIS, MICHAEL W Name: DAVIS, LISA G
Address: 3161 APPALOOSA COURT Address: 3161 APPALOOSA CO

 Address:
 3161 APPALOOSA COURT
 Address:
 3161 APPALOOSA COURT

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34746

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 HANCOCK, AMANDA L
 Name:
 DAVIS, AMANDA L

 Address:
 5725 JONES ROAD
 Address:
 3161 APPALOOSA COURT

 City-St-Zip:
 SAINT CLOUD, FL 34771
 City-St-Zip:
 KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W DAVIS PRES 04/16/2009