

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90002 031 \*\*\*150.00

**DOCUMENT # P97000045459**

1. Entity Name

DAVIS INTERNATIONAL, INC.



Principal Place of Business

102 S CANAL DR  
PALM HARBOR FL 34684

Mailing Address

102 S CANAL DR  
PALM HARBOR FL 34684

J4071013

2. Principal Place of Business

35208 US 19 N

3. Mailing Address

35208 US 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E034 (4/04)

City & State

PALM HARBOR, FL 34684

City & State

Palm Harbor, FL

Zip

34684

Country

USA

Zip

34684

Country

USA

4. FEI Number

59-3450762

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, LUKE  
102 S CANAL DR  
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when terminating)

8/17/04

DATE

**FILE NOW!!! FEE IS \$550.00**

**DUE BY September 8, 2004**

**Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAVIS, LUKE E  
2396 ORANGE POINTE AVE  
PALM HARBOR FL 34683

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Luke Davis  
1741 Mapleleaf Blvd  
Oldsmar, FL 34677

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/04

Date

Daytime Phone #