


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000051172</b>		
1. Entity Name <b>SHEILA T. DAVIS INCORPORATED</b>		
Principal Place of Business <b>4644 NW 99TH LANE CORAL SPRINGS, FL 33076</b>	Mailing Address <b>4644 NW 99TH LANE CORAL SPRINGS, FL 33076</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>GASS, DANIEL G 10001 NW 50TH ST. #204 SUNRISE, FL 33351</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 renaitating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAVIS, SHEILA T 510 N.W. 103RD AVE PLANTATION, FL 33324</b>	
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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: <u>Sheila T. Davis</u> <b>SHEILA T. DAVIS, PRES.</b> 3/6/06 (954) 292-5852 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03072006 No Chg-P CRZE034 (11/05)

4. FEI Number **65-0759616** Applied For  
Not Applicable

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

U000000460982  
03/20/06-80033-011 150.00

**DO NOT WRITE  
IN THIS SPACE**