2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90212 006 ***150.00

DOCUMENT # P97000053389

1. Entity Name
DAVIS - CREIGHTON, CORP.

Principal Place of Business	Mailing Address
C/O 500 SOUTH HIMES AVENUE TAMPA, FL 33609	C/O 500 SOUTH HIMES AVENUE TAMPA, FL 33609

04052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		5004 E Fowler Ave	
Suite, Apt. #, etc. 5004 E Fowler Ave STE E		Suite, Apt. #, etc. STE E	
City & State Tampa, FL 33617		City & State Tampa, FL	
Zip 33617	Country Hillsborough	Zip 33617	Country Hillsborough

4. FEI Number 59-3444473 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

D'ONOFRIO, DAVID M
500 SOUTH HIMES AVENUE
#1
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5004 E Fowler ~~Ave~~ Ste E

City Tampa, FL **FL** Zip Code 33617

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, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST D'ONOFRIO, DAVID 500 SOUTH HIMES AVE. TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 5004 E. Fowler Ave Ste E Tampa, FL 33617	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] 4-25-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #