


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000063912  
1. Entity Name  
GREG DAVENPORT ENTERPRISES, INC.



Principal Place of Business      Mailing Address  
613 CORBEL DRIVE      613 CORBEL DRIVE  
NAPLES, FL 34110      NAPLES, FL 34110

**DO NOT WRITE IN THIS SPACE**



01182005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
59-3466085      Not Applicable

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

6. Name and Address of Current Registered Agent  
DAVENPORT, NORMAN GREGORY  
613 CORBEL DRIVE  
NAPLES, FL 34110

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP DAVENPORT, NORMAN GREGORY 613 CORBEL DRIVE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVST DAVENPORT, TARA F 613 CORBEL DRIVE NAPLES, FL 34110
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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: \_\_\_\_\_ Date: 2-20-05 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Greg Davenport