## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 09, 2006 08:00 AN Secretary of State

ANNUAL REPORT				<del></del>	rep 09, 2000 08:00 A		
DOCUMENT # P97000063912				*	Secretary of State		
1. Entity Name GREG DA	° AVENPORT ENTERPRISES,	INC.					
Principal Place	e of Business	Mailing Address					
613 CORBEL NAPLES, FL		613 CORBEL DRIVE NAPLES, FL 34110					
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	100		and all the same of the same o				
			01302006	No Chg-P	CR2E034 (11/05)		
D	O NOT WRITE	CE	4. FEI Numb		Applied For Not Applicate		
					of Status Desired	\$8.75 Additional	
	6. Name and Address of Current R	egistered Agent			***************************************	Fee Required	
DAVENPORT, NORMAN GREGORY				<b>D</b>	NOT W	/nite	
613 CORBEL DRIVE			DO NOT WRITE				
NAPLES, FL 34110				IN .	THIS SI	PACE	
	named entity submits this statement for lions of registered agent.	he purpose of changing its register	red office or reg	istered agent, or be	oth, in the State of Fl	lorida. I am familiar with, and accep	
SIGNATURE_		<u> </u>		<u> </u>			
<u></u>	Signature, typed or printed name of registered agent an	d title if applicable (NOTE, Register	ed Agent signature red	quired when reinstating)	1 ,	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		S. Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND D	RECTORS	-	The second second	ACCURATE VALUE OF THE PARTY OF		
TITLE NAME	DP DAVENPORT, NORMAN GREGO	RY					
STREET ADDRESS CITY-ST-ZIP	613 CORBEL DRIVE NAPLES, FL 34110						
TITLE	DVST	· · · · · · · · · · · · · · · · · · ·		••	E SETTLATION TO SET	n aminomona	
NAME STREET ADDRESS	DAVENPORT, TARA F 613 CORBEL DRIVE					3425004 -8 <b>0</b> 025-021 150.00	
CITY-ST-ZIP	NAPLES, FL 34110						
TITLE			1	palitical and a	The second section		
NAME STREET ADDRESS				D0	NOT W	/DITE	
CITY-SI-ZIP		<del></del>			NOT W		
TITLE NAME				IN	THIS SI	PACE	
STREET ADDRESS							
CITY-ST-ZIP			<b>-</b>	<del></del>			

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 empoweres 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NA ORGANIS TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3/06 239-513-2207