

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000099900 1. Entity Name DAVIS SUPPLY, INC.	
---	---

Principal Place of Business 6012 PINE HILL RD PORT RICHEY, FL 34668	Mailing Address P.O. BOX 60095 FORT MYERS, FL 33906-6095
---	--

**DO NOT WRITE IN THIS SPACE**



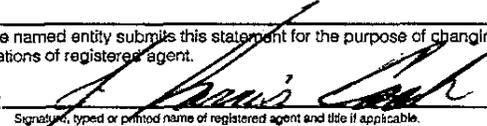
01102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3482276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  COOK, J. HARRIS 7510 RIDGE RD PORT RICHEY, FL 34668
--

**DO NOT WRITE IN THIS SPACE**

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: 2/9/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

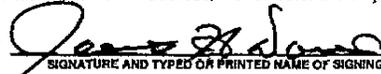
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, JAMES H 14000 SHIMMERING LAKE COURT FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAVIS, CLARA E 14000 SHIMMERING LAKE COURT FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DAVIS, MELISSA A 12415 BERKELEY SQUARE DRIVE TAMPA, FL 32626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAVIS, MATTHEW P 7914 LEOTA LANE NEW PORT RICHEY, FL 34663
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

1100000048189  
02/12/04-80070-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  02-08-04 839-931-6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #