

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90085 014 ***150.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3482276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, J. HARRIS
7510 RIDGE RD
PORT RICHEY FL 34668

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME DAVIS, JAMES H
STREET ADDRESS 14000 SHIMMERING LAKE COURT
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME DAVIS, CLARA E
STREET ADDRESS 14000 SHIMMERING LAKE COURT
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ST ☒ Change ☐ Addition
NAME DAVIS, CLARA E
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME DAVIS, MELISSA A
STREET ADDRESS 12415 BERKELEY SQUARE DRIVE
CITY-ST-ZIP TAMPA FL 32626

TITLE V ☒ Change ☐ Addition
NAME HENRY, MELISSA A
STREET ADDRESS 12730 TAR FLOWER DR
CITY-ST-ZIP TAMPA, FL 33626

TITLE V ☐ Delete
NAME DAVIS, MATTHEW P
STREET ADDRESS 7914 LEOTA LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James H. Davis

JAMES H. DAVIS

2/09/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #