2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000099900

1. Entity Name
DAVIS SUPPLY, INC.

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

01082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIS, JAMES H
STREET ADDRESS	14000 SHIMMERING LAKE COURT
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	ST
NAME	DAVIS, CLARA E
STREET ADDRESS	14000 SHIMMERING LAKE COURT
CITY-ST-ZIP	FORT MYERS, FL 33907
TITLE	V
NAME	HENRY, MELISSA A
STREET ADDRESS	12730 TAR FLOWER DR
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	V
NAME	DAVIS, MATTHEW P
STREET ADDRESS	7914 LEOTA LANE
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000386863
01/19/06-80015-020 150.00

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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 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 239-931-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #