

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # P97000099900 1. Entity Name DAVIS SUPPLY, INC.	
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Principal Place of Business 6012 PINE HILL RD PORT RICHEY, FL 34668	Mailing Address P.O. BOX 60095 FORT MYERS, FL 33906-6095
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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

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.

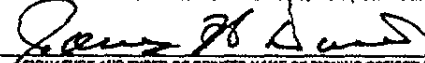
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

1100000386863 01/19/06-80015-020 150.00 DO NOT WRITE IN THIS SPACE
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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	839-931-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #