

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000099900

FILED
Jan 09, 2009
Secretary of State

Entity Name: DAVIS SUPPLY, INC.

Current Principal Place of Business:

6012 PINE HILL RD
PORT RICHEY, FL 34668

New Principal Place of Business:

2545 PALM AVENUE
FT MYERS, FL 33917

Current Mailing Address:

P.O. BOX 60095
FORT MYERS, FL 339066095

New Mailing Address:

FEI Number: 59-3482276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, JAMES H
Address: 14000 SHIMMERING LAKE COURT
City-St-Zip: FORT MYERS, FL 33907

Title: ST () Delete
Name: DAVIS, CLARA E
Address: 14000 SHIMMERING LAKE COURT
City-St-Zip: FORT MYERS, FL 33907

Title: V () Delete
Name: HENRY, MELISSA A
Address: 12730 TAR FLOWER DR
City-St-Zip: TAMPA, FL 33626

Title: V () Delete
Name: DAVIS, MATTHEW P
Address: 7914 LEOTA LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H. DAVIS

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date