


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000016870 1. Entity Name DAVIS & SONS ENTERPRISES, INC.	
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Principal Place of Business 711 E. SUGARLAND HIGHWAY CLEWISTON, FL 33440	Mailing Address 711 E. SUGARLAND HIGHWAY CLEWISTON, FL 33440
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DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0821860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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"/> \$5.00 May Be Added to Fees	UPPER: 00110284 04/12/04-R0077-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, SHERRY M. 711 E. SUGARLAND HIGHWAY CLEWISTON, FL 33440
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IN THIS SPACE**

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: <i>Sherry M Davis</i> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>4-9-04</i> Date	<i>863 983 7001</i> Daytime Phone #
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