

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90024 047 \*\*\*150.00

DOCUMENT # P98000048606

1. Entity Name

TERRY BRENNAN DAVIS & CO., INC.



Principal Place of Business

3700 S OCEAN BLVD  
STE 607  
HIGHLAND BEACH FL 33487

Mailing Address

3700 S OCEAN BLVD  
STE 607  
HIGHLAND BEACH FL 33487



2. Principal Place of Business - No P.O. Box #

1648 Taylor Rd  
Suite, Apt. #, etc.  
#402

3. Mailing Address

1648 Taylor Rd  
Suite, Apt. #, etc.  
#402

1st MOORE

CR2E034 (10/06)

City & State

Port Orange, FL

City & State

Port Orange, FL

4. FEI Number

59-3518092

Applied For

Not Applicable

Zip

32128

Country

USA

Zip

32128

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, ANNE T  
3700 S OCEAN BLVD  
#607  
HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name ANNE TERRY BRENNAN DAVIS

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

1648 Taylor Rd.

#402

City

Port Orange

FL

Zip Code

32128

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 Anne Terry Brennan Davis

Signature, typed or printed name of registered agent and filing agent code

ANNE TERRY BRENNAN DAVIS

2-12-07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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

TITLE PSTD  
NAME DAVIS, ANNE T  
STREET ADDRESS 3700 S OCEAN BLVD., #607  
CITY-STATE-ZIP HIGHLAND BEACH FL 33487 ☒ Delete

TITLE PSTD  
NAME DAVIS, ANNE T.  
STREET ADDRESS 25 Schooner Lane  
CITY-STATE-ZIP Bluffton, SC 29909 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME DAVIS, ANNE T.  
STREET ADDRESS 25 Schooner Lane  
CITY-STATE-ZIP Bluffton, SC 29909 ☒ Change ☐ Addition

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Anne J. Davis, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-07 (954) 336-5601  
Date Daytime Phone #