

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000077486

1. Entity Name
DAVENKIM, INC.



Principal Place of Business
306 NEBRASKA AVE.
LONGWOOD, FL 32750

Mailing Address
306 NEBRASKA AVE.
LONGWOOD, FL 32750



03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3532207

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KWIATKOWSKI, HARRY S
306 NEBRASKA AVE.
LONGWOOD, FL 32750

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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

Signature, typed or printed name of registered agent and title if applicable.

(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

U00000463238
03/21/06-80063-001 150.00

10. OFFICERS AND DIRECTORS

TITLE DPST
NAME KWIATKOWSKI, HARRY S
STREET ADDRESS 306 NEBRASKA AVE
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE DV
NAME KWIATKOWSKI, JUDITH L
STREET ADDRESS 306 NEBRASKA AVE
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE D
NAME KWIATKOWSKI, DAVID S
STREET ADDRESS 310 S.E. 31ST TERRACE
CITY-ST-ZIP OCALA, FL 34471

TITLE D
NAME SPENCE, KIMBERLY L
STREET ADDRESS 3670 TRADE ST
CITY-ST-ZIP DELTONA, FL 32738

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

[Signature] H.S. KWIATKOWSKI 3/10/06 4073106282

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #