

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000098439**

**1. Entity Name**  
**DAVIS REAL ESTATE INVESTMENTS, INC.**



**Principal Place of Business**  
1791 LORAIN CIRCLE  
CANTONMENT, FL 32533

**Mailing Address**  
1791 LORAIN CIRCLE  
CANTONMENT, FL 32533

**DO NOT WRITE IN THIS SPACE**



01212006 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
59-3543497

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

DAVIS, THOMAS H JR  
1791 LORAIN  
CANTONMENT, FL 32533

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reissuing) **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**

000000488984

04/17/06-80029-005 150.00

**10. OFFICERS AND DIRECTORS**

**TITLE** D  
**NAME** DAVIS, THOMAS H SR  
**STREET ADDRESS** 2058 MACKEY KEY DR.  
**CITY-ST-ZIP** PENSACOLA, FL 32514

**TITLE** D  
**NAME** DAVIS, THOMAS H JR  
**STREET ADDRESS** 1791 LORAIN CIRCLE  
**CITY-ST-ZIP** CANTONMENT, FL 32533

**TITLE** D  
**NAME** DAVIS, ALEX  
**STREET ADDRESS** 3699 MACKEY COVE DR.  
**CITY-ST-ZIP** PENSACOLA, FL 32514

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:** Thomas H. Davis, Jr. Thomas H. Davis, Jr. 3/30/06 (850) 484-3275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designated Phone #