



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90018 010 ***150.00

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|--|--|--|---|--|--|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # 8160 ASHLAND AVE Suite, Apt. #, etc. | | 3. Mailing Address 8160 ASHLAND AVE Suite, Apt. #, etc. | |  | |
| City & State PENSACOLA, FL Zip 32534 | | City & State PENSACOLA, FL Zip 32534 | | 4. FEI Number 59-3543497 | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent DAVIS, THOMAS H JR 1791 LORAIN CANTONMENT, FL 32533 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete DAVIS, THOMAS H SR 2058 MACKEY KEY DR. PENSACOLA, FL 32514 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete DAVIS, THOMAS H JR 1791 LORAIN CIRCLE CANTONMENT, FL 32533 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete DAVIS, ALEX 3699 MACKEY COVE DR. PENSACOLA, FL 32514 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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. 4/1/08 (850) 484-3275 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |