

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90154 007 \*\*\*158.75

DOCUMENT # P99000040947

1. Entity Name

BILL DAVIS TRUCKING, INC.



Principal Place of Business

27 RED FERN ROAD SOUTH  
HAVANA FL 32333

Mailing Address

27 RED FERN ROAD SOUTH  
HAVANA FL 32333



2. Principal Place of Business

27 RED FERN RD.

Suite, Apt. #, etc.

3. Mailing Address

27 RED FERN RD.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

HAVANA FL.

City & State

HAVANA FL.

4. FEI Number

59-2187958

Applied For

Not Applicable

Zip

32333

Country

GAZDEN

Zip

32333

Country

GAZDEN

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, WILLIAM H  
27 RED FERN ROAD SOUTH  
HAVANA FL 32333

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 P ☐ Delete  
NAME DAVIS, WILLIAM H  
STREET ADDRESS 27 RED FERN RD SOUTH  
CITY-ST-ZIP HAVANA FL 32333

TITLE ST ☐ Delete  
NAME DAVIS, DIANE T  
STREET ADDRESS 27 RED FERN RD. SOUTH  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*Diane T. Davis Sec/Treas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

850-562-4767  
Date Daytime Phone #