


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S31572</b> 1. Entity Name NORMAN DAVIS ENTERPRISES, INC.	
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Principal Place of Business 110 STATE ST., STE D OLDSMAR, FL 34677 US	Mailing Address 110 STATE ST., STE D OLDSMAR, FL 34677 US
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**DO NOT WRITE IN THIS SPACE**



08242004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3050353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  DAVIS, GERALD E. 110 STATE ST., STE D OLDSMAR, FL 34677
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**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP DAVIS, GERALD E. 110 STATE ST., STE D OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERENZ, NORMAN J. 110 STATE ST., STE D OLDSMAR, FL 34677
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U00000172058  
09/10/04-80001-012 550.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 I am empowered.

SIGNATURE: Gerald E. Davis VP. 8/24/04 813 855 8300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #