

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90116 001 \*\*\*300.00

**DOCUMENT # S31572**

1. Entity Name

**NORMAN DAVIS ENTERPRISES, INC.**



Principal Place of Business

~~110 STATE ST., STE D~~  
**OLDSMAR FL 34677**  
US

Mailing Address

~~110 STATE ST., STE D~~  
**OLDSMAR FL 34677**  
US



2. Principal Place of Business

**106 STATE STREET EAST**

Suite, Apt. #, etc.

3. Mailing Address

**106 STATE STREET EAST**

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

**OLDSMAR FL**

City & State

**OLDSMAR FL**

4. FEI Number

**59-3050353**

Applied For

Not Applicable

Zip

**34677**

Country

Zip

**34677**

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, GERALD E.**  
~~**110 STATE ST., STE D**~~  
**OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**106 STATE STREET EAST**

City

**OLDSMAR**

**FL**

Zip Code

**34677**

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**

**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 **STVP** ☐ Delete  
NAME **DAVIS, GERALD E.**  
STREET ADDRESS ~~**110 STATE ST., STE D**~~  
CITY-ST-ZIP **OLDSMAR FL 34677**

TITLE **DP** ☐ Delete  
NAME **FERENZ, NORMAN J.**  
STREET ADDRESS ~~**110 STATE ST., STE D**~~  
CITY-ST-ZIP **OLDSMAR FL 34677**

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 **106 STATE STREET EAST**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **106 STATE STREET EAST**  
CITY-ST-ZIP

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

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:

*Gerald E. Davis, Vice President* **GERALD E. DAVIS**

**3-30-06**

**813 855 8300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #