

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90055 006 ***150.00

DOCUMENT # S37925

1. Entity Name
GEORGE H. DAVIS BUILDER, INC.



Principal Place of Business

**1100 MAIN STREET #3
FT. MYERS BEACH, FL 33931**

Mailing Address

**1100 MAIN STREET #3
FT. MYERS BEACH, FL 33931**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3055030

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, GEORGE H
1100 MAIN STREET #3
FT. MYERS BEACH, FL 33931**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

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	PD DAVIS, GEORGE H 1100 MAIN ST STE 3 FT. MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DAVIS, TERRI L 1100 MAIN ST STE 3 FT. MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATTS, JAMES S ADDRESS CHANGE 868 XAVIER AVE 1239 Logan Lane FORT MYERS, FL 33931 Ft. Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05 239-765-4440

Date

Daytime Phone #