

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-16-2005 90032 032 ***150.00

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03112005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3064053** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # S44435
1. Entity Name
JOHN L. DAVIS CONSTRUCTION, INC.



Principal Place of Business
**POST OFFICE BOX 700184
ST. CLOUD, FL 34770-0184**

Mailing Address
**POST OFFICE BOX 700184
ST. CLOUD, FL 34770-0184**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**DAVIS, JOHN L.
150 E LAKESHORE BLVD.
KISSIMMEE, FL 34744**

7. Name and Address of New Registered Agent

Name **John L. Davis**
Street Address (P.O. Box Number is Not Acceptable) **4369 Albrighton Road**
City **St. Cloud** **FL** Zip Code **34772**

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]* DATE **3-12-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PT	<input type="checkbox"/> Delete
NAME	DAVIS, JOHN L	
STREET ADDRESS	150 ELK SHORE BLVD	
CITY-ST-ZIP	KISSIMMEE, FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DAVIS, MARY C	
STREET ADDRESS	150 ELAK SHORE BLVD	
CITY-ST-ZIP	KISSIMMEE, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John L Davis	
STREET ADDRESS	4369 Albrighton Rd	
CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary C. Davis	
STREET ADDRESS	4369 Albrighton Rd	
CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* DATE **3-12-05** DAYTIME PHONE # **407-891-6444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #