

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47418

FILED
Jan 11, 2007
Secretary of State

Entity Name: DAVIS & ASSOCIATES CONSULTING, INC.

Current Principal Place of Business:

1109 HALLAMWOOD CT
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

P O BOX 5312
LAKELAND, FL 338072312

New Mailing Address:

FEI Number: 59-3064464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, JOSEPH A.
3500 S FLORIDA AVE
3
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DAVIS, RICHARD L.,
Address: 1109 HALLAMWOOD CT
City-St-Zip: LAKELAND, FL

Title: S () Delete
Name: DAVIS, CHARLOTTE
Address: 1109 HALLAMWOOD CT
City-St-Zip: LAKELAND, FL

Title: VP () Delete
Name: DAVIS, RICHARD L III
Address: 2572 CABERNET CIR
City-St-Zip: OCOEE, FL 34786

Title: VP () Delete
Name: DAVIS, CHRISTOPHER A
Address: 829 ROGERS CT
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DAVIS, CHRISTOPHER A
Address: 1984 VARICK WAY
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE O DAVIS

SEC

01/11/2007

Electronic Signature of Signing Officer or Director

Date