

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90306 010 \*\*\*150.00

**DOCUMENT # S58609**

1. Entity Name  
**DAVIS INVESTMENT PROPERTIES, INC.**



Principal Place of Business  
**5003 YELLOW PINE ST  
SAINT PETERSBURG FL 33709  
US**

Mailing Address  
**P.O. BOX 273  
INDIAN ROCKS BEACH FL 33785  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

00010714



1st MOORE CR2E034 (10/04)

4. FEI Number  
**59-3093863**

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

6. Name and Address of Current Registered Agent  
**DAVIS, IMORAE DAVIS  
2400 GULF BLVD, #103  
INDIAN ROCKS BEACH FL 33785  
ST. PETERSBURG FL 33708**

7. Name and Address of New Registered Agent  
**IMORAE DAVIS #115  
2400 GULF BLVD, #103  
INDIAN ROCKS BEACH FL 33785  
ST. PETERSBURG FL 33708**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAVIS, IMORAE 5003 YELLOW PINE ST SAINT PETERSBURG FL 33709</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Imorae Davis **IMORAE DAVIS** **4-18-05**  
727-541-6640 727-744-9611

*Imorae Davis, PRESIDENT/OWNER*