

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90127 029 ***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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3093863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent **JAME**

IMORAE, DAVIS
9950 62ND TERRACE NORTH
SAINT PETERSBURG FL 33708

#103

Name **IMORAE DAVIS**

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

9950 62nd TERR. N. #103

City **St. Petersburg**

FL

Zip Code **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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-12-06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DAVIS, IMORAE**
STREET ADDRESS **5003 YELLOW PINE ST.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33709**

TITLE ☒ Change ☐ Addition
NAME **DAVIS, IMORAE**
STREET ADDRESS **9950 62nd TERR. N. #103**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-06 (727-744-7711)