


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90052 038 ***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 - No P.O. Box # 9950 62ND TERR N.	3. Mailing Address 9950 62ND TERR N.
Suite, Apt. #, etc. # 103	Suite, Apt. #, etc. 103
City & State MADEIRA BEACH FL	City & State MADEIRA BEACH FL
Zip 33708	Zip 33708
Country PINELLAS	Country PINELLAS

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3093863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent IMORAE, DAVIS 9950 62ND TERRACE NORTH #103 SAINT PETERSBURG FL 33708	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 *Imorae Davis* DATE 4/3/07

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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVIS, IMORAE 9950 62ND TERR NORTH #103 SAINT PETERSBURG FL 33708 <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
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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: *Imorae Davis* **IMORAE DAVIS** 2/10/07 727-744-7711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #