2006 FOR PROFIT CORPORATION

FILED May 22, 2006 08:00 AM Secretary of State

ANNUAL REPORT				Wiay 22, 2000 00.00 AM		
DOCUMENT # V30958					Secreta	ry of State
1. Entity Name						
DAVIS GENERAL DEVELOPMENT, INC.						
Principal Place		Mailing Address				
10830 HAYD BOCA RATON		10830 HAYDEN DRIVE BOCA RATON, FL 33498				
	, ,		,	S (WWIS \$350)	BU SISTS UUSTU SÜSTES WISTUS 1966 A	BIDIS SISSI OKRIL OLOR OKRIL OKRILOK IT LORK
			- 11-12-1 - 11-12-1			
				05400000	No Cho B	CD0=004 (44 (05)
ח	O NOT WRITE	IN THIS SPA	CF	05182006	No Chg-P	CR2E034 (11/05)
	O HO! HILLING	na iino, oi m	-	4. FEI Numb		Applied For Not Applicable
		. :-	±	5. Certificate	of Status Desired	\$8.75 Additional
	5. Name and Address of Current R	egistored Agent	<u> </u>	1		Lea wednisa
DAVIS IE	QTEQ			20	* 1 COT 1 A !!	m. 1
DAVIS, LESTER 10830 HAYDEN DRIVE				DO	NOT W	RIIE
BOCA RAT	TON, FL 33498			IN .	THIS SP.	ACE
				-		- -
	named entity submits this statement for	the purpose of changing its registe	red office or registe	red agent, or bo	oth, in the State of Flor	ida. I am familiar with, and accep
the obligati	ions of registered agent.					
SIGNATURE	Signature, typed or printed name of registered agent or	d title if applicable. (NOTE flegister	ed Agent signature require	of when reinstating)		DATE
FILE NOWIII FEE IS \$150.00 P. Election Campaign Finance Due by September 6, 2006 Trust Fund Contribution,						
10.	OFFICERS AND D	RRECTORS	J			
TITLE	P COTED]			
NAME STREET ADDRESS	DAVIS, LESTER 10830 HAYDEN DRIVE	•				****
CITY-ST-ZIP	BOCA RATON, FL 33498		-1	-	UDDD 00	56S607
TITLE NAME			1		05/22/06-	565607 80005-087 150.00
STREET ADDRESS			1			
CITY-ST-ZIP		·	_]			
TITLE			1			•
STREET ADDRESS			1	DO	NOT M	DITE
CITY-ST-ZIP			4		NOT W	
TITLE			1	IN	THIS SP	ACE
STITLET ADDRESS			1			
CITY-ST-ZIP			_			
DILE			1		•	
STREET ADDRESS			_1			
CITY-ST-ZIP						
TITLE	1		3			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it 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 507, 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.

•

NAME STREET ADDRESS CITY-ST-ZIP

1 VUL

Daytime Fixon t