

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90191 041 ***150.00

DOCUMENT # V48509

1. Entity Name
D.R. MABRY, INC.



Principal Place of Business
1048 1/2 HWY 92 WEST
AUBURNDALE, FL 33823 US

Mailing Address
PO BOX 1830
AUBURNDALE, FL 33823 US



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3137640

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MABRY, DANNY
1048 1/2 HWY 92 WEST
AUBURNDALE, FL 33823

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MABRY, DANNY
STREET ADDRESS	1048 1/2 HWY 92 WEST
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	V
NAME	DAVIDSON, GERALD E
STREET ADDRESS	707 COUNTRY LANE N.
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	S
NAME	GUY, NICOLE R
STREET ADDRESS	913 KRISTINA CT.
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

Date

863 967-0486

Daytime Phone #