## **2008 FOR PROFIT CORPORATION**

## **FILED** te

	ANNUAL	REPORT		دء خدهی	- Apı	r 24, 2008  08:00
DOCU	MENT # V50786					Secretary of Stat
1. Entity Nam		1		·	·	secretary or stay
DAVID L.	DAVIS ENTERPRISES, INC.	1 6 6 3 5		. 491.11	, ,	
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	ce of Business	Mailing Address				
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				01102008	No Chg-P	CR2E034 (11/05)
	O NOT WRITE	IN THIS SPACE	CE	4. FEI Numb		Applied For
. # 1 . · ·				65-034		Not Applicable
			***	5. Certificate	of Status Desired	\$8.75 Additional
2	6. Name and Address of Current Re	gistered Agent		िर्क्ष क्रिकेटी विक्रिकेटी	Lat I Day to a f	Fee Required
				- 21		
DAVIS, DA 13175 518	AVID L. ST PLACE NO.			<b>IDO</b>	NOT W	/RITE
	ALM BCH., FL 33411		and the same and the		THIS SI	PACE
			HALLEY		<b>September</b>	at the field of th
8. The above	e named entity submits this statement for the named entity submits this statement for the name of pages and the name of the na	ne purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of F	orida. I am familiar with, and accept
1,000,00	7/1/2000	bry VIRGIN	14 Day	e 1/1	CE PRES	3 4-15-08
SIGNATURE TUSCHED WWWY-VIRGINIA DAVIS VICE VRES 4-15-08 Signature, hyperdy printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE						
JUNATURE.	Signature, typed printed name of registered agent and	title if applicable (NOTE: Registered	Agent signature required	when reinstating)		DATE
Jankione	Signature, typed printed name of registered agent and		F X	when reinstating)		D0919212
FIL	Signature, hyperd printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Finan	cing \$5.	00 May Be	05/13/0	00919212 3-80112-018 150.00
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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 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