

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V56852

FILED
Mar 30, 2004
Secretary of State

Entity Name: M. DAVIS MANAGEMENT, INC.

Current Principal Place of Business:

8091 S ORLANDO AVENUE A
WINTER PARK, FL 32789 US

New Principal Place of Business:

809 S ORLANDO AVENUE
SUITE A
WINTER PARK, FL 32789 US

Current Mailing Address:

1863 BRIDGEWATER DRIVE
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3143582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZINK, MICHELE R
1863 BRIDGEWATER DRIVE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: ZINK, MICHELE R
Address: 1863 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: V () Delete
Name: ZINK, DENNIS
Address: 1863 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: V () Delete
Name: FAIRBROTHER, FAITH
Address: 305 MAGNOLIA STREET
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ZINK, DENNIS
Address: 1863 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: VD (X) Change () Addition
Name: FAIRBROTHER, FAITH
Address: 305 MAGNOLIA STREET
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS ZINK

VD

03/30/2004

Electronic Signature of Signing Officer or Director

_____ Date