

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # V69386

1. Entity Name
F.B. DAVIS SONS FLORIDA, INC.



Principal Place of Business
**510 BELMONT AVENUE
BALA CYNWYD, PA 19004-2299**

Mailing Address
**510 BELMONT AVENUE
BALA CYNWYD, PA 19004-2299**

DO NOT WRITE IN THIS SPACE



02272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0362743

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**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 filing and

DATE

James A. Bordonaro
Assistant Secretary

**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**

**U00000125059
04/22/04-80069-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DAVIS, LEE A**
STREET ADDRESS **1030 CEDAR KNOLL RD**
CITY-ST-ZIP **NEWTON SQUARE, PA**

TITLE **VP**
NAME **MACMORAN, J A**
STREET ADDRESS **300 SUMMIT RD**
CITY-ST-ZIP **SPRINGFIELD, PA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(f), 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

Date

Daytime Phone #

4/22/04 (410) 464 4227