

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000016368

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC8273643052**

**Entity Name:** DAVIS FAMILY SERVICES, INC.

**Current Principal Place of Business:**

2637 N EAST AVENUE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2637 N EAST AVENUE  
PANAMA CITY, FL 32405

**FEI Number:** 01-0652525

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, JAMES  
2637 N EAST AVENUE  
PANAMA CITY, FL 32405 US

*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

**Officer/Director Detail :**

Title P  
Name DAVIS, JAMES  
Address 2637 N. EAST AVE  
City-State-Zip: PANAMA CITY FL 32405

Title VPS  
Name DAVIS, SHELLEY J  
Address 2637 N. EAST AVE  
City-State-Zip: PANAMA CITY FL 32405

*I hereby 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 all other like empowered.*

**SIGNATURE:** SHELLEY DAVIS

VP

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date