


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 822810**  
1. Entity Name  
**A.M. DAVIS MERCANTILE CO.**



|   |   |
|---|---|
| <i>Principal Place of Business</i><br>640 SOUTH 10TH STREET<br>P.O. BOX 82226<br>LINCOLN, NE 68501-9226 | <i>Mailing Address</i><br>640 SOUTH 10TH STREET<br>P.O. BOX 82226<br>LINCOLN, NE 68501-9226 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-P CR2E034 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>47-0408723</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
  
BERENS, PHYLLIS  
200 WEST CAMINO REAL  
BOCA RATON, FL 33432

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>WILLIAMS, THOMAS<br>640 SOUTH 10TH STREET<br>LINCOLN, NE     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>BEYNON, ESTHER L<br>640 SOUTH 10TH STREET<br>LINCOLN, NE    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>BEYNON, DAVID J<br>640 S 10TH ST<br>LINCOLN, NE               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>DARNELL, WILLIAM R<br>640 S 10TH ST,<br>LINCOLN, NE          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BEYNON, PETER I<br>640 SOUTH 10TH STREET<br>LINCOLN, NE 68508 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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.

**A.M. Davis Mercantile Company**  
**SIGNATURE: By David J. Beynon President 1/7/05 402-476-2100**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #