2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jan 13, 2006 08:00 AM
Secretary of State

Principal Place of Business 640 SOUTH 10TH STREET P.O. BOX 82226

LINCOLN, NE 68501-9226

Mailing Address

640 SOUTH 10TH STREET P.O. BOX 82226 LINCOLN, NE 68501-9226



DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 47-0408723 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERENS, PHYLLIS 200 WEST CAMINO REAL BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

				IN	THIS SPACE	
	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if	f applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, THOMAS 640 SOUTH 10TH STREET LINCOLN, NE				U00000386225 01/18/06-80050-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEYNON, ESTHER L 640 SOUTH 10TH STREET LINCOLN, NE		:		01/18/06-20030-016 120.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEYNON, DAVID J 640 S 10TH ST LINCOLN, NE			DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARNELL, WILLIAM R 640 S 10TH ST. LINCOLN, NE		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYNON, PETER I 640 SOUTH 10TH STREET LINCOLN, NE 68508					

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 gifter like empowered.

SIGNATURE: BY

NAME STREET ADDRESS CITY-ST-ZIP

IS MERCANTILE COMPANY

<u>Preside</u>nt

1-10-06

402-476-2100

Daytime Phone #