


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # 822810 1. Entity Name A.M. DAVIS MERCANTILE CO.	
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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
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01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number 47-0408723	Applied For 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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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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, THOMAS 640 SOUTH 10TH STREET LINCOLN, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BEYNON, ESTHER L 640 SOUTH 10TH STREET LINCOLN, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEYNON, DAVID J 640 S 10TH ST LINCOLN, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DARNELL, WILLIAM R 640 S 10TH ST. LINCOLN, NE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYNON, PETER I 640 SOUTH 10TH STREET LINCOLN, NE 68508
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000579765  
 01/10/07-80019-025 150.00

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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 other like empowered.

SIGNATURE:  **W. R. DARNELL & V.P.** 1/9/07 402 476  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #