

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61551

FILED  
Apr 02, 2005  
Secretary of State

Entity Name: CAL DAVIS & ASSOCIATES, P.A.

**Current Principal Place of Business:**

1409 KINGSLEY AVENUE  
14-C  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

1409 KINGSLEY AVENUE  
14-C  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

FEI Number: 59-3139136      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DAVIS, CAL  
1409 KINGSLEY ACE. #14-C  
ORANGE PARK, FL 32073 US

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

DAVIS, CAL  
1409 KINGSLEY AVE. #14-C  
ORANGE PARK, FL 32073 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: \_\_\_\_\_ 04/02/2005  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: DAVIS, CAL,  
Address: 1409 KINGSLEY AVENUE  
City-St-Zip: ORANGE PARK, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDT (X) Change ( ) Addition  
Name: DAVIS, CAL  
Address: 1409 KINGSLEY AVENUE  
City-St-Zip: ORANGE PARK, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CAL DAVIS      PRES      04/02/2005  
Electronic Signature of Signing Officer or Director      Date