


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90136 006 ***150.00

DOCUMENT # P97000090569

1. Entity Name
PVC SUPPLY HOUSE, INC.



Principal Place of Business Mailing Address
120 FORTENBERRY RD **120 FORTENBERRY RD**
MERRITT ISLAND, FL 32952 **MERRITT ISLAND, FL 32952**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04042005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3473402

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KARL A. BURGUNDER, P.A.
830 EYRIE DR, STE 5
PO BOX 623036
OVEIDO, FL 32762-3036

7. Name and Address of New Registered Agent

Name
KARL A. BURGUNDER ATTORNEY AT LAW, P.L.C.
Street Address (P.O. Box Number is Not Acceptable)
830 EYRIE DRIVE
SUITE 6C
City **OVEIDO, FL** Zip Code **32765**

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 *Karl A. Burgunder* MGRM DATE 4-6-05

Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

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	PTS	<input type="checkbox"/> Delete
NAME	BURGUNDER, LEO R	
STREET ADDRESS	120 FORTENBERRY RD	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE	V	<input type="checkbox"/> Delete
NAME	BURGUNDER, KARL A	
STREET ADDRESS	120 FORTENBERRY RD	
CITY-ST-ZIP	MERRITT ISLAND, FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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, 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: *Leo R. Burgunder* DATE 4-4-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #