

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

3/

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90112 032 \*\*\*150.00

|                                                      |                                                                                   |
|------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 362725</b>                             |  |
| 1. Entity Name<br><b>JARVI CORP &amp; ASSOCIATES</b> |                                                                                   |

|                                                                                                     |                                                                                         |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>300 MT. LEBANON BLVD<br/>210<br/>PITTSBURGH, PA 15234-1507 US</b> | Mailing Address<br><b>300 MT. LEBANON BLVD<br/>210<br/>PITTSBURGH, PA 15234-1507 US</b> |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

**66011850**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

03172005 Chg-P CR2E034 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-1296175</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

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

|                                                                                                                            |  |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>BLODGETT, GARY R.<br/>15905 BARNSTORMER<br/>WELLINGTON, FL 33414</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
|----------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                          |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>GARY R. BLODGETT<br>15905 BARNSTORMER COURT<br>WELLINGTON, FL <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>THOMAS R. BLODGETT<br>PO BOX 9466<br>TAVERNIER, FL 330709466 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>BARBARYKA, STACEY A<br>399 WOODCLIFF CIR.<br>PITTSBURGH, PA 15243 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TSCD<br>BLODGETT, ELIZABETJ<br>145 JONATHAN DRIVE<br>MCMURRAY, PA <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>mcmurray PA 15317</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>SANCHEZ, PORFIVIO<br>15905 BARNSTORMER COURT<br>WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Sanchez, Porfirio</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                        |

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 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: Gary R. Blodgett Gary R. Blodgett 19 April 2005 954 610-6362  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #