

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90187 019 ***150.00

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1. Entity Name
JARVI CORP & ASSOCIATES



Principal Place of Business
**300 MT. LEBANON BLVD
210
PITTSBURGH, PA 15234-1507 US**

Mailing Address
**300 MT. LEBANON BLVD
210
PITTSBURGH, PA 15234-1507 US**

50001358



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

03052006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-1296175

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLODGETT, GARY R.
15905 BARNSTORMER
WELLINGTON, FL 33414**

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
GARY R. BLODGETT
15905 BARNSTORMER COURT
WELLINGTON, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
THOMAS R. BLODGETT
PO BOX 9466
TAVERNIER, FL 330709466** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
**P. O. Box 163
Mars Pa 16046**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
BARBARYKA, STACEY A
399 WOODCLIFF CIR.
PITTSBURGH, PA 15243** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
Stacey A. Altman

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TSCD
BLODGETT, ELIZABETJ
145 JONATHAN DRIVE
MCMUTTEY, PA 15317** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
m^o murray

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VD
SANCHEZ, PORFIRIO
15905 BARNSTORMER COURT
WEST PALM BEACH, FL 33414** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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: *G.R. Blodgett*

G.R. Blodgett

05 March 2006 954-610-6962

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #