


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90379 018 ***150.00

| | |
|--|---|
| DOCUMENT # 441755 1. Entity Name ANVIR, INCORPORATED |  |
|--|---|

| | |
|---|---|
| Principal Place of Business P.O. BOX 7691 JACKSONVILLE, FL 32238 US | Mailing Address P.O. BOX 7691 JACKSONVILLE, FL 32238 US |
|---|---|

14012033



04272005 No Chg-P CR2E034 (10/03)

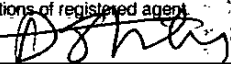
DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-1876666 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent MILNE, DOUGLAS J. 4595 LEXINGTON AVENUE JACKSONVILLE, FL 32210 |
|--|

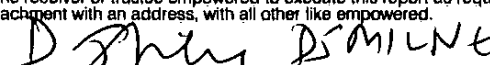
| |
|---------------------------------------|
| DO NOT WRITE IN THIS SPACE |
|---------------------------------------|

| | |
|---|--|
| 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE 4/29/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MILNE, DOUGLAS J. 4595 LEXINGTON AVE #100 JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ASHBY, C.L.G. 1804 STOCKTON STREET JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTD LEMMEL, DAVID 1303 PULLEN RD. JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS HIGHTOWER, BEN 1514 NIRA ST JACKSONVILLE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| |
|---------------------------------------|
| DO NOT WRITE IN THIS SPACE |
|---------------------------------------|

| | |
|---|---|
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | DATE 4/29/05 DAYTIME PHONE # 904.387.5400 |