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## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM  
Secretary of State

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



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1876666	Applied For 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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	SD
NAME	MILNE, DOUGLAS J.
STREET ADDRESS	4595 LEXINGTON AVE #100
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	PD
NAME	ASHBY, C.L.G.
STREET ADDRESS	1604 STOCKTON STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VTD
NAME	LEMMEL, DAVID
STREET ADDRESS	1303 PULLEN RD.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	VDS
NAME	HIGHTOWER, BEN
STREET ADDRESS	1514 NIRA ST
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/11/06-80082-016 150.00

DO NOT WRITE  
IN THIS SPACE

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:

*DS Milne, DS MILNE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 904.387.5400

Date

Daytime Phone #