

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90013 026 ***150.00

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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

40105625



03072008 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 ☐ \$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, 2008 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 32210
TITLE	PD
NAME	ASHBY, C.L.G.
STREET ADDRESS	1604 STOCKTON STREET 1637 Beach Ave.
CITY - ST - ZIP	JACKSONVILLE, FL ATLANTIC Bch FL 32233
TITLE	VTD
NAME	LEMMEL, DAVID
STREET ADDRESS	1303 PULLEN RD. 4499 Limpkin Lane
CITY - ST - ZIP	JACKSONVILLE, FL FERNANDINA Bch FL 32034
TITLE	VDS
NAME	HIGHTOWER, BEN
STREET ADDRESS	1514 NIRA ST
CITY - ST - ZIP	JACKSONVILLE, FL 32207
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 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:

DJ Milne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DJ Milne 4/29/08

Date

904.387.5400

Daytime Phone #