2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 441755

Entity Name: ANVIR, INCORPORATED

Current Principal Place of Business:

P.O. BOX 7691
JACKSONVILLE, FL 32238 US

New Principal Place of Business:

4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210 US

Current Mailing Address:

P.O. BOX 7691
JACKSONVILLE, FL 32238 US

New Mailing Address:

FEI Number: 59-1876666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILNE, DOUGLAS J.
4595 LEXINGTON AVENUE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: MILNE, DOUGLAS J.
Address: 4595 LEXINGTON AVE #100
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD ( ) Delete
Name: ASHBY, C.L.G.
Address: 1637 BEACH AVE.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VTD ( ) Delete
Name: LEMMEL, DAVID
Address: 4499 LIMPKIN LANE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VDS ( ) Delete
Name: HIGHTOWER, BEN
Address: 1514 NIRA ST
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS J MILNE S/D 04/30/2009

Electronic Signature of Signing Officer or Director Date