

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F19810 1. Entity Name PLUM VALLEY INVESTMENTS, INC.	
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Principal Place of Business 7217 SW 57TH ROAD GAINESVILLE FL 32608 US	Mailing Address 7217 SW 57TH ROAD GAINESVILLE FL 32608 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2065113	Applied For Not Applicable
5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DONALDSON, MARSHALL 7217 SW 57TH ROAD GAINESVILLE FL 32608
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7. Name and Address of New Registered Agent 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
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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 Make Check Payable to Florida Department of State	B. 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	PTD DONALDSON, MARSHALL 7217 SW 57TH ROAD GAINESVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DONALDSON, GAYLE R 7217 SW 57TH ROAD GAINESVILLE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000401951 02/02/06-80068 013 158.75	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.
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SIGNATURE: Marshall Donaldson MARSHALL DONALDSON, PRES. 1/24/06 352-3744