

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90076 047 \*\*\*150.00

**DOCUMENT # F83763**

1. Entity Name  
PHARM VEST, INC.



Principal Place of Business  
6666 GRIFFIN BLVD  
FT. MYERS, FL 33908 US

Mailing Address  
6666 GRIFFIN BLVD.  
FT MYERS, FL 33908

**50018317**



01162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2200358

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROHRBAUGH, PAUL  
6666 GRIFFIN BLVD.  
FT MYERS, FL 33908

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ROHRBAUGH, PAUL 6666 GRIFFIN BLVD. FT MYERS, FL <del>00000</del> → 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROHRBAUGH, LAURA 6666 GRIFFIN BLVD. FT MYERS, FL <del>00000</del> → 33908
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**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Rohrbaugh 2/16/05 239.489.0791

Date

Daytime Phone #