


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F83763</b> 1. Entity Name PHARM VEST, INC.	
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Principal Place of Business 6666 GRIFFIN BLVD FT. MYERS, FL 33908 US	Mailing Address 6666 GRIFFIN BLVD. FT MYERS, FL 33908
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**DO NOT WRITE IN THIS SPACE**



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2200358	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ROHRBAUGH, PAUL 6666 GRIFFIN BLVD. FT MYERS, FL 33908	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ROHRBAUGH, PAUL 6666 GRIFFIN BLVD. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROHRBAUGH, LAURA 6666 GRIFFIN BLVD. FORT MYERS, FL 33908
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03/30/07-80109-001 150.00

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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:**  Paul S Rohrbach 3/20/07 239.489.0791  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #