


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000000227
 1. Entity Name
P. & H. INVESTMENTS OF VIRGINIA, INCORPORATED



Principal Place of Business: **570 2ND AVE., S. ST. PETERSBURG FL 33701**
 Mailing Address: **570 2ND AVE., S. ST. PETERSBURG FL 33701**



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: **54-0567765**
 Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent

SHARPE, HOWARD W
570 2ND AVE., S.
ST. PETERSBURG FL 33701

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reconstituting) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SHARPE, HOWARD W	
STREET ADDRESS	570 2ND AVE., S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WALLACE, VICKI L	
STREET ADDRESS	570 2ND AVE., S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLLOM, MARILYN A	
STREET ADDRESS	570 2ND AVE S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	DOLATA, RAYMOND D	
STREET ADDRESS	570 2ND AVE S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100000448663
 03/09/06-00024-002 150.00

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.

SIGNATURE: *By: Vicki L. Wallace, Vicki L. Wallace, Vice President* 2/7/06 (727) 898-9088