

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90086 008 \*\*\*150.00

**DOCUMENT # G28569**

1. Entity Name

GARVEY ENTERPRISES, INC.



Principal Place of Business

257 S. WESTVIEW CT.  
MELBOURNE, FL 32934

Mailing Address

257 S. WESTVIEW CT.  
MELBOURNE, FL 32934

**DO NOT WRITE IN THIS SPACE**



01312007 No Chg-P CR2F034 (11/05)

4. FEI Number

59-2280462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARVEY, EDWARD A.  
257 S. WESTVIEW CT.  
MELBOURNE, FL 32934

*S. WESTVIEW CT.*

**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 changing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GARVEY, EDWARD A.
STREET ADDRESS	257 S. WESTVIEW CT. <i>S. WESTVIEW</i>
CITY-ST-ZIP	MELBOURNE, FL 32934

TITLE	
NAME	
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CITY-ST-ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-1-07*