

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                 |                                                                                                                                      |                                                                                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # J71466</b><br>1. Entity Name<br><b>RICHARD A. SARVER CORPORATION</b>                                                                                                                                                                                                                                                                                                                  |                                                                                                        |                                 |                                                                                                                                      |                                                                                  |  |
| Principal Place of Business<br><b>BLOCK 20, LOT 22, LAFITTE RD.<br/>LITTLE TORCH KEY FL 33043</b>                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                 | Mailing Address<br><b>P.O. BOX 430573<br/>BIG PINE KEY FL 33043-0573<br/>US</b>                                                      |                                                                                                                                                                    |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                               |                                                                                                        |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                            |                                                                                                                                                                    |  |
| City & State<br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                 | City & State<br>Zip      Country                                                                                                     |                                                                                                                                                                    |  |
| 4. FEI Number <b>65-0016160</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                 |                                                                                                                                      | Applied For<br><input type="checkbox"/> 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<br><br><b>SARVER, RICHARD A.<br/>22 LAFITTE RD.<br/>LITTLE TORCH KEY FL 33040</b>                                                                                                                                                                                                                                                                   |                                                                                                        |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                         |                                                                                                        |                                 |                                                                                                                                      |                                                                                                                                                                    |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b><br/> <b>After May 1, 2006 Fee Will Be \$550.00</b><br/> <b>Make Check Payable to Florida Department of State</b> </div> <div>           9. Election Campaign Financing <b>\$5.00</b> May<br/>           Trust Fund Contribution. <input type="checkbox"/> Added to Fees         </div> </div> |                                                                                                        |                                 |                                                                                                                                      |                                                                                                                                                                    |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                         |                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                      | <b>D</b><br><b>SARVER SR., RICHARD A.</b><br><b>22 LAFITTE RD PO BOX 573</b><br><b>BIG PINE KEY FL</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><div style="text-align: center;"> <b>000007421558</b><br/> <b>02/16/06-80041-013 150.00</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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.

**SIGNATURE:** RICHARD A. SARVER SR      2/2/06      306-872-21