


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K09580</b> 1. Entity Name <b>PURVIS CURBS CORPORATION</b>	
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Principal Place of Business <b>11889 119TH ST. N. LARGO, FL 33778 US</b>	Mailing Address <b>11889-119 ST N LARGO, FL 33778</b>
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2869501</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>LOVELACE, WILLIAM K 2310 WEST BAY DR. LARGO, FL 33770</b>
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<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KILGORE, HAROLD D. 11898 MURRAY AVENUE LARGO, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KILGORE, EARL 12025 119TH STREET NORTH LARGO, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T KILGORE, ROBIN 12025 119TH ST NORTH LARGO, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KILGORE, JO ANN 11898 MURRAY AVENUE LARGO, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/06-80025-003 150.00

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: <u>Robin Kilgore</u> <b>Robin Kilgore Treasurer</b> 1-12-06 727-581-7711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>