

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # PO2000086920

1. Entity Name

ELMARV, INC



FILED

11 MAY 16 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

9498 Alternate A1A

3. Mailing Address

9498 Alternate A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Lake Park, FL

City & State

Lake Park, FL

4. FEI Number

74-3063602

Applied For

Not Applicable

Zip

33403

Country

US

Zip

33403

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

Mark W. Smith

Street Address (P.O. Box Number is Not Acceptable)

9498 Alternate A1A

City

Lake Park

FL

Zip Code

33403

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

4/30/2011

DATE

January 1 - May 1; Fee is \$150.00

After May 1; Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

E-mail Address:

enca@perfect1864.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Mark W. Smith
9498 Alternate A1A
Lake Park, FL 33403

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

300207332849

05/09/11--01004--006 **150.00

300207332849

05/09/11--01004--006 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155 F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2011

DATE

561-840-0333

Daytime Phone #

71160