

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90041 029 ***150.00

DOCUMENT # P03000095882

1. Entity Name

O.V.H. ENTERPRISES, INC.



Principal Place of Business

5 CEDARDALE COURT
PALM COAST FL 32167

Mailing Address

5 CEDARDALE COURT
PALM COAST FL 32167



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

319 Parkview Dr
Suite, Apt. #, etc.

3. Mailing Address

319 Parkview Dr
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Palm Coast FL
Zip

32164

Country

USA

City & State

Palm Coast FL
Zip

32164

Country

USA

4. FEI Number

11-3703497

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPORA, HENRY M
5 CEDARDALE COURT
PALM COAST FL 32167

7. Name and Address of New Registered Agent

Name

OLGA V CAMPORA

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

319 Parkview Dr
City

Palm Coast

FL

Zip Code

32164

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

Olga V Campora

Signature of individual or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-2-07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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	P	<input type="checkbox"/> Delete
NAME	CAMPORA, HENRY M	
STREET ADDRESS	5 CEDARDALE COURT	
CITY - ST - ZIP	PALM COAST FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLGA V CAMPORA	
STREET ADDRESS	319 PARKVIEW DR	
CITY - ST - ZIP	PALM COAST FL 32164	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KONSTANTIN SHURIGIN	
STREET ADDRESS	319 PARKVIEW DR	
CITY - ST - ZIP	PALM COAST FL 32164	
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		

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:

Olga V Campora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-07

Date

386-447-0024

Daytime Phone #