


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90176 009 ***150.00

DOCUMENT # P03000119696

1. Entity Name
O.A.R.V., INC.



Principal Place of Business
330 LYTLE STREET
W. PALM BEACH, FL 33405

Mailing Address
330 LYTLE STREET
W. PALM BEACH, FL 33405

44071946

2. Principal Place of Business
2178 Jog Pal

3. Mailing Address
330 Lytle St

Suite, Apt. #, etc.



04302004 Chg-P CR2E034 (10/03)

City & State
W.P.B., FL

City & State
W.P.B., FL

Zip
33415 Country
P.B.

Zip
33405 Country
P.B.

4. FEI Number
65-0902036

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|--|--|---|--|
| GEKAS, ROSIE 330 LYTLE STREET W. PALM BEACH, FL 33405 | | Name Street Address (P.O. Box Number is Not Acceptable) City State: FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|--------------------------------|---------------------------------|--|---|--|---|--|
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GEKAS, ROSIE | | | NAME | | | |
| STREET ADDRESS | 330 LYTLE STREET | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | W. PALM BEACH, FL 33405 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
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| NAME | | | | NAME | | | |
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| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
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| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 officers empowered.

SIGNATURE: Rosey Gekas **Rosey Gekas** 4/27/04 582-8667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #