

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000123190

1. Entity Name
ANJARVAR ENTERPRISES, INC.



Principal Place of Business
11742 COLLINS CREEK DRIVE
JACKSONVILLE, FL 32258

Mailing Address
11742 COLLINS CREEK DRIVE
JACKSONVILLE, FL 32258



03022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2134886	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

HARRIS, ANGIE J
11742 COLLINS CREEK DRIVE
JACKSONVILLE, FL 32258

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRIS, ANGIE J
STREET ADDRESS	11742 COLLINS CREEK DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32258

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000666089
03/23/07-80057-008 158.75

**DO NOT WRITE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/10/07 9047031143