

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90095 042 \*\*\*150.00

**DOCUMENT # P04000030627**



1. Entity Name

**PROVEST INVESTMENTS INC**

Principal Place of Business

**1424 SELBY DON WAY  
WINTER GARDEN FL 34787**

Mailing Address

**1424 SELBY DON WAY  
WINTER GARDEN FL 34787**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-0678899**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

**BAILEY, TREVOR  
625 E. COLONIAL DR., STE. 203  
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name **WAYNE A MYERS**  
Street Address (P.O. Box Number is Not Acceptable)

**1424 SELBY DON WAY  
WINTER GARDEN FL 34787**

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

**04. 07. 05**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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 ☐ Delete  
NAME **P MYERS, WAYNE A**  
STREET ADDRESS **1424 SELBY DON WAY**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete  
NAME **T MYERS, WAYNE A**  
STREET ADDRESS **1424 SELBY DON WAY**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete  
NAME **D MYERS, JACQUELINE M**  
STREET ADDRESS **1424 SELBY DON WAY**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **NO CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **NO CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **NO CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04. 7. 05**

Date

Daytime Phone #