


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000114702	
1. Entity Name OBV, INC.	

Principal Place of Business 1250 OLD DIXIE HIGHWAY SUITE 1 LAKE PARK, FL 33403	Mailing Address 1250 OLD DIXIE HIGHWAY SUITE 1 LAKE PARK, FL 33403
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3902758	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent UVANILE, JOSEPH C 1250 OLD DIXIE HIGHWAY SUITE 1 LAKE PARK, FL 33403
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000527701 05/05/06-80008-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UVANILE, JOSEPH C 1250 OLD DIXIE HIGHWAY, SUITE 1 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD UVANILE, JOSEPH D 1250 OLD DIXIE HWY #1 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEVENSON, LINA 8951 LAKE DRIVE, UNIT 303 CAPE CANAVERAL, FL 32920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: JOSEPH D UVANILE 04/17/06 561-848-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #