

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000106204

1. Entity Name
P.V.B. CORP.



Principal Place of Business
**14041 LANGLEY PLACE
DAVIE, FL 33325 US**

Mailing Address
**14041 LANGLEY PLACE
DAVIE, FL 33325 US**



06012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3149769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOTSON, WILLIAM A
14041 LANGLEY PLACE
DAVIE, FL 33325**

**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

William A Dotson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-1-07

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARRIGUS, PATTI J
STREET ADDRESS	723 S.W. 8TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33315

TITLE	VP
NAME	GARRIGUS, PATTI
STREET ADDRESS	723 S.W. 8TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33315

TITLE	SEC
NAME	GARRIGUS, PATTI
STREET ADDRESS	723 S.W. 8TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33315

TITLE	TREA
NAME	GARRIGUS, PATTI
STREET ADDRESS	723 S.W. 8TH AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33315

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/06/07-80001-009 150.00

**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:

Patti J Garrigus

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-07

Date

954-650-2228

Daytime Phone #