

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90182 033 ***158.75

DOCUMENT # P05000125048

1. Entity Name
ROVY CORPORATION



Principal Place of Business
**4169 SHAOL LINE BLVD
HERNANDO BEACH, FL 34607**

Mailing Address
**4169 SHAOL LINE BLVD
HERNANDO BEACH, FL 34607**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

4169 SHAOL LINE BLVD.

Suite, Apt. #, etc.

4169 SHAOL LINE BLVD.

City & State

City & State

01082007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0120820

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

**SUROVY, EDWARD
4169 SHAOL LINE BLVD
HERNANDO BEACH, FL 34607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

COLECTIONS TO STREET NAME ONLY - NO OTHER CHANGES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

010907

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
SUROVY, EDWARD
4169 SHAOL LINE BLVD
HERNANDO BEACH, FL 34607**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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

EDWARD SUROVY CEO 010907 351-546-5079

Date

Daytime Phone #