

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000036055**

**1. Entity Name**  
**PRO VIEW HOME WATCH SERVICES INC**



**Principal Place of Business**

**15275 COLLIER BLVD**  
**201/321**  
**NAPLES, FL 34119**

**Mailing Address**

**15275 COLLIER BLVD**  
**201/321**  
**NAPLES, FL 34119**



**04182008 No Chg-P CR2E034 (11/05)**

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> <b>20-4472354</b>	<b>Applied For</b> <b>Not Applicable</b>
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BIRON, RAYMOND D**  
**14505 INDIGO LAKES CIRCLE**  
**NAPLES, FL 34119**

**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, 2008 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**U00000908570**  
**05/06/08-80034-019 150.00**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PVST</b>
<b>NAME</b>	<b>BIRON, RAYMOND D</b>
<b>STREET ADDRESS</b>	<b>14505 INDIGO LAKES CIRCLE</b>
<b>CITY-ST-ZIP</b>	<b>NAPLES, FL 34119</b>

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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<b>CITY-ST-ZIP</b>	

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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 an other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RAYMOND BIRON**

**4/18/08**

Date

**239-304-2828**

Daytime Phone #