2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 17, 2005 08:00 AM Secretary of State

DOCUMENT # P95000053655 1. Entity Name PARK VEST, INC.						or state
Principal Place 714 NW 114 OCALA, FL		Mailing Address PO BOX 2198 OCALA, FL 34478 US			TE (1828) BUM BUMM BANA BANA	AN MERIKAN DALIFER SEKUR MERIKAN MUNIK KANDAN KE PERDA
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				08072005 4. FE! Numb 59-332	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
4 SE BRO OCALA, FI	IRD, DOCK A ESQ. ADWAY ST L 34471	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 alide d applicable (NOTE. Registered Agent signature required whon reinstating) DATE						
FILE NOWII! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ed to Fees	In accordance w corporation did r	rith s. 607.193(2)(b), F.S., the not receive the prior notice.
10.	OFFICERS AND	DIRECTORS	_			
NAME	MERTINS, JANELLE					
STREET ADDRESS CITY-ST-ZIP	714 NW 114 ST OCALA, FL 34475					
TITLE			1	•	·	
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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)(ii). Florida Statutes. I turther certify that the information indicated on this report or supplemental report is true and accurate and filtar my signature shall have the same legal effect as if made under eath; 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 TYPE OF PRINTED MANE OF SIGNAL OF DIPLOTOR DIPLOTO						