

**2008 'FOR' PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000006347

1. Entity Name
PARK VIEW INNS, INC.



Principal Place of Business
**1409 KINGSLEY AVE
BLDG 2
ORANGE PARK, FL 32073 US**

Mailing Address
**P.O. BOX 2426
ORANGE PARK, FL 32067 US**



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3353905

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MUYRES, DAVID J
2412 STOCKTON DRIVE
GREEN COVE SPRINGS, FL 32043**

**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
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
GAUDRY, CHARLES L JR.
4419 HARBOUR ISLAND DRIVE
JACKSONVILLE, FL 32225**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
VANWINKEL, ROBERT
13074 AUTUMN RIVER ROAD
JACKSONVILLE, FL 32224**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MUYRES, DAVID J
2412 STOCKTON DR.
GREEN COVE SPRINGS, FL 32043**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000925043
05/20/08-80011-009 150.00

**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: _____

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08
Date

**904
219-7407**
Daytime Phone