


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000072258 1. Entity Name PAVITAKE CORP	
--	---

Principal Place of Business
9356 45TH ST N.
PINELLAS PARK, FL 33782

Mailing Address
9356 45TH ST N.
PINELLAS PARK, FL 33782



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3403448	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

SCHEELE, TAMI
9356 45TH ST N
PINELLAS PARK, FL 33782

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SCHEELE, TAMI J
STREET ADDRESS	9356 45TH ST N.
CITY - ST - ZIP	PINELLAS PARK, FL 33782
TITLE	V
NAME	SCHEELE, PAUL C
STREET ADDRESS	9356 45TH ST N
CITY - ST - ZIP	PINELLAS PARK, FL 33782
TITLE	T
NAME	RIDINGS, VICKY S
STREET ADDRESS	8381 17TH WAY NORTH
CITY - ST - ZIP	SAINT PETERSBURG, FL 337022854
TITLE	S
NAME	O'TOOLE, KEVIN P
STREET ADDRESS	736 GUILD DRIVE
CITY - ST - ZIP	VENICE, FL 34285
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000140325
04/29/04-80158-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Tami J. Scheele *Tami J. Scheele* *4-26-04* *727 576-1336*