

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90046 041 \*\*\*150.00

**DOCUMENT # P96000099500**

1. Entity Name  
P.V.S. INC.



Principal Place of Business  
105 LAKE AVENUE  
LAKE BUTLER, FL 32054

Mailing Address  
10 S LAKE AVENUE  
LAKE BUTLER, FL 32054

2. Principal Place of Business  
10 S. LAKE AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022005

Chg-P

CR2E034 (10/03)

City & State  
JACKSONVILLE, FL

City & State

4. FEI Number  
59-3414862

Applied For  
Not Applicable

Zip Country  
32054

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAFFORD, FRANK M  
228 EAST DUVAL STREET  
LAKE CITY, FL 32055

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME WILSON, WILLIAM S  
STREET ADDRESS 185 NW 4TH STREET  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10 S. LAKE AVENUE  
CITY-ST-ZIP LAKE BUTLER, FL 32054

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(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:

*William S. Wilson President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05  
Date

386-486-2868  
Daytime Phone #