2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPURI (AR)						0		78	
DOCUMENT # P99000063668 1. Entity Name					Apr 11, 2005 08:00 AM Secretary of State				
J.B. ALVA	, INC.				<i>y</i>	\wedge_j	10		
Principal Place of Business Mailing Address			<u></u>			(9			
19971 S RIVER ROAD ALVA FL 33920		PO BOX 50949 FORT MYERS FL 33994				by C			
				±					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Surte, Apt #, etc.		1s	t MOORE	CR2E034	(10/04)		
City & State		City & State		4. FEI Numb	er 65-0940297	7	<u> </u>	oplied For	
Zip	Country	Zip	Count	ту	5. Certificate	e of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name an	d Address of New F	legistered A	gent	
BAUMGARTNER, JERRY L			-				· · · · · · · · · · · · · · · · · · ·		
199	71 S RIVER ROAD 'A FL 33920		-	Street Address	G (P.O. Box Numb	per is Not Acceptable	e) 	<u></u>	
				City			FL	Zip Coc	de
	named entity submits this statement dons of registered agent.	for the purpose of changing i	its registere	d office or regist	ered agent, or bo	oth, in the State of Flo	orida. I am f	amiliar with	, and accept
SIGNATURE.	Signature, typed or printed name of registered age	ni and tillo il applicable (NC	DTE Registered	Agent signature requi	red when reinstaling)		DATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.0					9. Election Campa Trust Fund Cor		_	.00 May Be
	k Payable to Florida Department	D DIRECTORS	11		ADDITIONS	CHANGES TO OFF	ICEDE AND	DIBECTOS	OC 181 4 4
10.	P OFFICERS AIN	D DIRECTORS Delete	11.		AUDITIONS				
NAME	BAUMGANTNER, JERRY		NAME			.0000002 04/11/05-8	33140 0094-02	25 150.	00
STREET ADDRESS CITY - ST - ZIP	19971 S RIVER RD ALVA FL 33420		1	ELADDRESS ST-ZIP					
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NAME		<u> </u>	NAME	1				,	
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TATLE		☐ Delete	IIILE					☐ Change	Addition
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STREET ADDRESS				ET ADDRESS					
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C11Y+S1+21P			CHY-	-\$1-ZIP					
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NAME	COMPANIE AND A COMPAN		NAMS	1					
STREET ADDRESS CITY-ST-ZIP	**************************************			FI ADORESS -SI-ZIP					
12. I hereby	certify that the information supplied w	ith this filing does not qualify	for the exer	mption stated in S	Section 119.07(3)(i), Florida Statutes.	I further cer	tify that the	information
indicated of the cor changed	t on this report or supplemental repor rporation or the receiver or trustee em , or on an attachment with an address	t is true and accurate and that ippolered to execute this repo surity all other like empowers	at my signat ort as requir ed.	ure shall have the red by Chapter 6	e same legal effe i07, Florida Statu	ect as it made under tes; and that my nam	oath; that fa te appears i	im an office a Block 10 c	er or director or Block 11 if

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

MULIOWY 3/28/05

239-694-525,