


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90002 038 ***150.00

DOCUMENT # P99000089017

1. Entity Name
PEACE RIVER VALLEY MONUMENT CO.



Principal Place of Business
**163 N BREVARD AVE
 ARCADIA FL 34265**

Mailing Address
**P O BOX 1499
 ARCADIA FL 34265**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

4. FEI Number
59-3603192

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

**ROBARTS, THOMAS M
 3043 SPENCER LANE
 SARASOTA FL 34239**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME ROBARTS, THOAMS M	
STREET ADDRESS 3043 SPENCER LANE	
CITY-ST-ZIP SARASOTA FL 34239	
TITLE V	<input type="checkbox"/> Delete
NAME BUTTON, RICHARD	
STREET ADDRESS 163 N BREVARD AVE	
CITY-ST-ZIP ARCADIA FL 34266	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/D/S PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BUTTON, RICHARD	
STREET ADDRESS 30260 HOLLY ROAD	
CITY-ST-ZIP PUNTA GORDA, FL 33982	
TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROBARTS, THOMAS M.	
STREET ADDRESS 3043 SPENCER LANE	
CITY-ST-ZIP SARASOTA, FL 34239	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Thomas M. Roberts **THOMAS M. ROBERTS** 2/9/2006 941-928-9545
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #