

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # S06942					
1. Entity Name PAVELYN INDUSTRIES, INC.					
Principal Place of Business 2614 LAFAYETTE STREET FT. MYERS FL 33916 US			Mailing Address 2614 LAFAYETTE STREET FT. MYERS FL 33916 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0219144	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILLIGAN, JOHN P. 1683 NORTH FLOSSMOOR ROAD FORT MYERS FL 33919				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 _____ (Signature, typed or printed name of registered agent and tag if applicable) (NOTE: Registered Agent signature required when revisiting) 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MILLIGAN, JOHN P.		NAME		
STREET ADDRESS	1683 NORTH FLOSSMOOR ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	MILLIGAN, MILDRED E.		NAME		
STREET ADDRESS	1683 NORTH FLOSSMOOR ROAD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/05)

4. FEI Number **65-0219144**

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

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.

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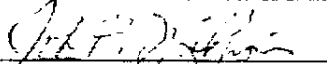
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Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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CITY-ST-ZIP			CITY-ST-ZIP		

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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:  **JOHN P. MILLIGAN** 2/2/06 339-332-3347