

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DUE 5/11/06

FILED

May 05, 2006 08:00 A
Secretary of State

DOCUMENT # F04000003042

1. Entity Name
GV INSTRUMENTS INC.



Principal Place of Business

6 WENTWORTH DRIVE
HUDSON, NH 03051

Mailing Address

6 WENTWORTH DRIVE
HUDSON, NH 03051



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

U00000563145
05/19/06-80082-024 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, TONY
STREET ADDRESS 6 WENTWORTH DRIVE
CITY-ST-ZIP HUDSON, NH 03051

TITLE DV
NAME HOLCROFT, LINDSAY
STREET ADDRESS 6 WENTWORTH DRIVE
CITY-ST-ZIP HUDSON, NH 03051

TITLE TSD
NAME SCHOFIELD, PAUL
STREET ADDRESS 6 WENTWORTH DRIVE
CITY-ST-ZIP HUDSON, NH 03051

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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, trustee or 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

LINDSAY HOLCROFT 1/5/06 603-8803233

Date

Daytime Phone #