


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000000048
 1. Entity Name
CVF CORP.



Principal Place of Business
**54500 MEADOWBANK LANE
 ELKHART, IN 46514**

Mailing Address
**317 W. FRANKLIN ST
 ELKHART, IN 46516**

DO NOT WRITE IN THIS SPACE



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number
35-2000373 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**GLON, DALE R
 CVF CORP. 930 CAPE MARCO DR.
 PH-3
 MARCO ISLAND, FL 34145**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GLON, CAROLYN S 54500 MEADOWBANK LN ELKHART, IN 46514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEAVER, KENNARD R 317 W. FRANKLIN ST ELKHART, IN 46516
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLON, DALE R 54500 MEADOWBANK LANE ELKHART, IN 46514
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 02/11/06-80077-020 158.75

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 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: Dale R Glon **DALE R GLON - Pres** 1-29-06 239 394 5217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #