2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State
04-19-2004 90418 017 ***150.00

DOCUMENT # P94000047047

1. Entity Name
MVH INVESTMENTS, INC.

Principal Place of Business	Mailing Address
401 EAST SEMORAN BOULEVARD CASSELBERRY, FL 32707 US	401 E. SEMMAN BLVD CASSELBERRY, FL 32707 US

94U31407

04152004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
401 E. STATE ROAD 436 Suite, Apt. #, etc.	401 E. STATE ROAD 436 Suite, Apt. #, etc.
City & State: CASSELBERRY, FL	City & State: CASSELBERRY, FL
Zip: 32707 Country: US	Zip: 32707 Country: US

4. FEI Number: 59-3263263 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, RANDALL C ESQ.
200 N. THORNTON AVENUE
ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
533 VERSAILLES DRIVE

City MAITLAND FL Zip Code 32751

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, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D VEIGLE, P. JAMES 401 EAST SEMORAN BOULEVARD CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VEIGLE, P. JAMES 401 E. STATE ROAD 436 CASSELBERRY, FL 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VEIGLE, CHARLES 401 EAST SEMORAN BOULEVARD CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VEIGLE, CHARLES 401 E. STATE ROAD 436 CASSELBERRY, FL 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEROLD, KENNETH 401 E. SEMORAN BLVD. CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEROLD, KENNETH 401 E. STATE ROAD 436 CASSELBERRY, FL 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VOEGTLIN, NANCY 401 E. SEMORAN BLVD. CASSELBERRY, FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VOEGTLIN, NANCY 401 E. STATE ROAD 436 CASSELBERRY, FL 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nancy Voegtlin 4-16-04 407-260-7003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #