


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 271073		
1. Entity Name CIOLFI VAN SERVICE INC		
Principal Place of Business 3720-A NAVY BLVD. PENSACOLA, FL 32507	Mailing Address 3720-A NAVY BLVD. PENSACOLA, FL 32507	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MCDONALD, REX 11569 HWY 87 N MILTON, FL 32570		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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000544279 05/11/06-80031-016 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCDONALD, REX 11569 HWY 87 N. MILTON, FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCDONALD, SCOTT 201 OREO DR. MOLINO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WEEKLEY, MARSHA 5762 MELROSE DR. MILTON, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FULFORD, ELAINE 1463 LEWIS RD. MILTON, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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 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: <u>Kex Mc Donald</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/06 Date 850 456 2771 Daytime Phone #