

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 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**



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1036383

Applied For
Not Applicable

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

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCDONALD, REX
STREET ADDRESS	11569 HWY 87 N.
CITY-ST-ZIP	MILTON, FL
TITLE	VD
NAME	MCDONALD, SCOTT
STREET ADDRESS	201 OREGON DR.
CITY-ST-ZIP	MOLINO, FL
TITLE	STD
NAME	WEEKLEY, MARSHA
STREET ADDRESS	5762 MELROSE DR.
CITY-ST-ZIP	MILTON, FL
TITLE	D
NAME	FULFORD, ELAINE
STREET ADDRESS	1463 LEWIS RD.
CITY-ST-ZIP	MILTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/07-80075-007 150.00

**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 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: *Rex McDonald* **REX MCDONALD, PRESIDENT** *APRIL 19 2007* **850-456-2711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #