


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 461415 1. Entity Name MVK, INC.	
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Principal Place of Business 3708 SW 7TH AVE CAPE CORAL, FL 33914 US	Mailing Address P.O. BOX 101130 CAPE CORAL, FL 33910 US
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DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1551660	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOKOR, BRUCE H. ESQ.
 911 CHESTNUT ST
 CLEARWATER, FL 33516

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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, 2008 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	TD KUHLMAN, STEVE R 285 PARKWAY 575 #216 WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUHLMAN, TIM 801 S. OLIVE AVE #1211 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NUTTER, DALE 285 PARKWAY 575 #216 WOODSTOCK, GA 30188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 03/11/08-80040-007 158.75

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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: Steve Kuhlman **STEVE KUHLMAN** 2/25/08 239-945-0744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #