


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000002758</b>	
1. Entity Name <b>MID-CONTINENT VAN SERVICE, INC.</b>	

Principal Place of Business <b>148 MILLWELL DRIVE MARYLAND HEIGHTS, MO 63043</b>	Mailing Address <b>148 MILLWELL DRIVE MARYLAND HEIGHTS, MO 63043</b>
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04032008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>43-0953870</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MOSS, MARVIN I  
20801 BISCAYNE BLVD., STE 506  
N MIAMI BEACH, FL 33180-1430**

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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 restateing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE <b>PS</b>	NAME <b>COSTELLO, NONDES J</b>
STREET ADDRESS <b>11266 LIANA LANE</b>	CITY-ST-ZIP <b>SAINT ANN, MO 63074</b>
TITLE <b>D</b>	NAME <b>COSTELLO, KENT B</b>
STREET ADDRESS <b>112B SIGNAL HILL DR</b>	CITY-ST-ZIP <b>SAINT LOUIS, MO 63121</b>
TITLE <b>D</b>	NAME <b>HILFRANK, MICHELE J</b>
STREET ADDRESS <b>4640 BEHLMANN ESTATES LN</b>	CITY-ST-ZIP <b>FLORISSANT, MO 63034</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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04/21/08-80041-009 150.00

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:** Nondes J. Costello **NONDES J. COSTELLO** 4-3-08 314-291-8998

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