

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F01000002758

1. Entity Name
MID-CONTINENT VAN SERVICE, INC.



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

Principal Place of Business
148 MILLWELL DRIVE
MARYLAND HEIGHTS, MO 63043

Mailing Address
148 MILLWELL DRIVE
MARYLAND HEIGHTS, MO 63043

DO NOT WRITE IN THIS SPACE



04032008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-0953870	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**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 remitting)

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 PS
NAME COSTELLO, NONDÉS J
STREET ADDRESS 11268 LIANA LANE
CITY-ST-ZIP SAINT ANN, MO 63074

TITLE D
NAME COSTELLO, KENT B
STREET ADDRESS 112B SIGNAL HILL DR
CITY-ST-ZIP SAINT LOUIS, MO 63121

TITLE D
NAME HILFRANK, MICHELE J
STREET ADDRESS 4640 BEHLMANN ESTATES LN
CITY-ST-ZIP FLORISSANT, MO 63034

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000987962
04/21/08-80041-009 150.00

**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: Nondes J. Costello NONDÉS J. COSTELLO 4-3-08 314-291-8998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #