

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90003 031 ***158.75

DOCUMENT # F97000000048

1. Entity Name
CVF CORP.



Principal Place of Business
54500 MEADOWBANK LANE
ELKHART, IN 46514

Mailing Address
317 W. FRANKLIN ST
ELKHART, IN 46516

54000470



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number
35-2000373

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLON, DALE R
CVF CORP. 930 CAPE MARCO DR.
PH-3
MARCO ISLAND, FL 34145

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE VP
NAME GLON, CAROLYN S
STREET ADDRESS 54500 MEADOWBANK LN
CITY-ST-ZIP ELKHART, IN 46514

TITLE S
NAME WEAVER, KENNARD R
STREET ADDRESS 317 W. FRANKLIN ST
CITY-ST-ZIP ELKHART, IN 46516

TITLE P
NAME GLON, DALE R
STREET ADDRESS 54500 MEADOWBANK LANE
CITY-ST-ZIP ELKHART, IN 46514

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-04

239-394-5217