

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F97000000048

Entity Name: CVF CORP.

**FILED**  
**Oct 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

940 CAPE MARCO DRIVE  
SUITE 2501  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

940 CAPE MARCO DRIVE  
SUITE 2501  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: 35-2000373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOODWARD, CRAIG R  
C/O WOODWARD, PIRES LOMBARDO  
606 BALD EAGLE DRIVE, SUITE 500  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GLON, CAROLYN S  
Address: 54500 MEADOWBANK LN  
City-St-Zip: ELKHART, IN 46514

Title: VP  
Name: GLON, DALE R  
Address: 54500 MEADOWBANK LN  
City-St-Zip: ELKHART, IN 46514

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN S GLON

PRES

10/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date