

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90042 011 ***150.00

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1. Entity Name

RVL CONTRACTING INC.



Principal Place of Business

1605 S. US HWY 1 S4A
JUPITER FL 33477

Mailing Address

8523 S.E. SEAGRAPE WAY
HOBE SOUND FL 33455

2. Principal Place of Business

8523 S.E. Seagrapeway

3. Mailing Address

8523 SE Seagrapeway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hobe Sound. Fl.

City & State

Hobe Sound. Fl.

Zip

33455-4222

Country

Martin

Zip

33455

Country

Martin

6. Name and Address of Current Registered Agent

LA SELVA, ROSARIO V
8523 S.E. SEAGRAPE WAY
HOBE SOUND FL 33455

4. FEI Number

06-1250405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Rosario V La Selva

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/31/05

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing.
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCT
NAME LA SELVA, ROSARIO V III ☐ Delete
STREET ADDRESS 8523 S.E. SEAGRAPE WAY
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE VS
NAME KILLIAN, DEBRA ☐ Delete
STREET ADDRESS 5 PLANTATION COURT
CITY-ST-ZIP BETHEL CT 06081

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rosario V La Selva

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #