

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90033 038 ***150.00

DOCUMENT # J00829

1. Entity Name
MEVCO, INC.



Principal Place of Business
**4907A N UNIVERSITY DR
LAUDERHILL, FL 33351**

Mailing Address
**4907A N UNIVERSITY DR
LAUDERHILL, FL 33351**

54027263



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2648044

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIACIULLI, SYBIL
484 DRIFTWOOD COURT
MARGO ISLAND, FL 34145
4907 N. UNIVERSITY DR.
LAUDERHILL, FL 33351

**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 | PD |
| NAME | CIACIULLI, VITO S |
| STREET ADDRESS | 4907A N UNIVERSITY DR |
| CITY - ST - ZIP | LAUDERHILL, FL 33351 |
| TITLE | PD |
| NAME | CIACIULLI, SYBIL |
| STREET ADDRESS | 484 DRIFTWOOD COURT 4907 N. UNIVERSITY DR |
| CITY - ST - ZIP | MARGO ISLAND, FL 34145 LAUDERHILL, FL 33351 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| 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 #

Sybil Ann Ciacciulli

4/1/04

954 748 6411
954 748 6411