
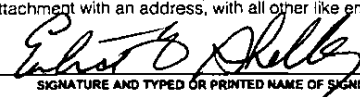


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90245 040 ***150.00

DOCUMENT # J31601 1. Entity Name AMERICAN VAN SERVICES, INC.					
Principal Place of Business 114 HOLLYWOOD BLVD NW P O BOX 2317 FT. WALTON BEACH, FL 32549			Mailing Address 114 HOLLYWOOD BLVD NW P O BOX 2317 FT. WALTON BEACH, FL 32549		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01102006 Chg-P CR2E034 (11/05) 4. FEI Number 59-2714899	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHELLEY, EULICE E. 113 HOLLYWOOD BLVD., N.W. FT. WALTON BEACH, FL 32548			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHELLEY, EULICE E. 259 SLEEPY OAKS ROAD FT. WALTON BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Shelley, Eulice E. 259 Sleepy Oaks Road Ft. Walton Beach, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STRAUGHN, BETTY J. 349 LULA BELLE LANE FT. WALTON BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Straughn, Betty J. 349 Lula Belle Lane Ft. Walton Beach, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHELLEY, GERALD G 111 N.E. YACHT CLUB DRIVE FORT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President/Director Shelley, Gerald Glenn 642 Harbor Blvd. Destin, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Eulice E. Shelley 1/12/06 (850) 664-0397		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		