

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90098 036 ***150.00

DOCUMENT # J31601

1. Entity Name
AMERICAN VAN SERVICES, INC.



60003439

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2714899

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

Gerald G. Shelley 1/16/07 (850) 664-0397

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **SHELLEY, EULICE E.**
STREET ADDRESS **259 SLEEPY OAKS ROAD**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **ST** ☐ Delete
NAME **STRAUGHN, BETTY J.**
STREET ADDRESS **349 LULA BELLE LANE**
CITY-ST-ZIP **FORT WALTON BEACH, FL 32548**

TITLE **VPD** ☐ Delete
NAME **SHELLEY, GERALD G**
STREET ADDRESS **111 N.E. YACHT CLUB DRIVE**
CITY-ST-ZIP **DESTIN, FL 32541**

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 **Chairman, Director** ☒ Change ☐ Addition
NAME **Shelley, Eulice E.**
STREET ADDRESS **259 Sleepy Oaks Road**
CITY-ST-ZIP **Fort Walton Beach, FL 32548**

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

TITLE **President, Director** ☒ Change ☐ Addition
NAME **Shelley, Gerald G.**
STREET ADDRESS **642 Harbor Blvd.**
CITY-ST-ZIP **Destin, FL 32541**

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

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 as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE