

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

|                                                                                  |                                                               |                                                                                   |
|----------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000014394</b>                                                   |                                                               |  |
| 1. Entity Name<br><b>MVT ASSOCIATES, INC.</b>                                    |                                                               |                                                                                   |
| Principal Place of Business<br><b>305 W. SIXTH STREET<br/>CARABELLE FL 32322</b> | Mailing Address<br><b>PO BOX 1358<br/>CARRABELLE FL 32322</b> |                                                                                   |



|                                |         |                    |         |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address |         |
| Suite, Apt #, etc.             |         | Suite, Apt #, etc. |         |
| City & State                   |         | City & State       |         |
| Zip                            | Country | Zip                | Country |

1st MOORE CR2E034 (10/04)

|                                                                                                                       |  |                                                        |
|-----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3699732</b>                                                                                    |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                             |  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Name and Address of Current Registered Agent<br><b>MAIER, PATRICIA T<br/>552 RIVER ROAD<br/>CARABELLE FL 32322</b> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 **\$5.00** May Be  
Trust Fund Contribution. ☐ Added to Fees

| 10. OFFICERS AND DIRECTORS                       |                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                            |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | P<br>MAIER, GEORGE B<br>552 RIVER RD.<br>CARRABELLE FL 32322 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>U00000349070<br/>05/02/05-80050-008 150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | ST<br>MAIER, PATRICIA T<br>552 RIVER RD.<br>CARRABELLE FL 32322 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 19.07(3)(f), 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: Patricia T. Maier (Patricia T. Maier) 4/26/05 850-697-8737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #