

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000014394 1. Entity Name MVT ASSOCIATES, INC.					
Principal Place of Business 305 W. SIXTH STREET CARRABELLE FL 32322			Mailing Address PO BOX 1358 CARRABELLE FL 32322		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3699732	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAIER, PATRICIA T 552 RIVER ROAD CARRABELLE FL 32322				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 restoring)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P ☐ Delete NAME MAIER, GEORGE B STREET ADDRESS 552 RIVER RD. CITY-ST-ZIP CARRABELLE FL 32322			TITLE ☐ Change ☐ Addition NAME U00000478695 STREET ADDRESS 04/08/06-80014-019 CITY-ST-ZIP 150.00		
TITLE ST ☐ Delete NAME MAIER, PATRICIA T STREET ADDRESS 552 RIVER RD. CITY-ST-ZIP CARRABELLE FL 32322			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Patricia T. Maier PATRICIA T. MAIER 3/20/06 850-697-8132