

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000014394

Entity Name: MVT ASSOCIATES, INC.

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

305 W. SIXTH STREET  
CARABELLE, FL 32322

**New Principal Place of Business:**

309 W. SIXTH STREET  
CARABELLE, FL 32322

**Current Mailing Address:**

PO BOX 1358  
CARRABELLE, FL 32322

**New Mailing Address:**

309 W. SIXTH STREET  
CARABELLE, FL 32322

FEI Number: 59-3699732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAIER, PATRICIA T  
552 RIVER ROAD  
CARRABELLE, FL 32322 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MAIER, GEORGE B  
Address: 552 RIVER RD.  
City-St-Zip: CARRABELLE, FL 32322

Title: ST  
Name: MAIER, PATRICIA T  
Address: 552 RIVER RD.  
City-St-Zip: CARRABELLE, FL 32322

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE B. MAIER

PRES

04/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date