## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## FILED DOCUMENT # P01000091734 Apr 27, 2005 08:00 AM Secretary of State 1. Entity Name MRV CHEVRON, INC. Principal Place of Business \_\_\_ Mailing Address 8471 LOCKWOOD RIDGE SARASOTA FL 34243 8471 LOCKWOOD RIDGE SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 65-1137339 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOSS, MAGDY 4211 DOVER DR. EAST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34203** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5,00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Change D ☐ Defete TITLE DITE NAME DOSS, MAGDY NAME UN0000333803 04/27/05-80018-021 150.00 4211 DOVER DR. EAST STREE! ADDRESS STREET ADDRESS CITY ST-ZIP BRADENTON FL 34203 CITY-ST-ZIP Change ☐ Addition **VPS** ☐ Delete Bitt TITLE DOSS, MARINA NAME STREET ADORESS STREET ADDRESS 1886 WHARF RD. CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete THILE Addition TITLE NAME STREET ADDRESS STRFFT ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete THE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.