


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000062518
 1. Entity Name
M.V.A., INC.



Principal Place of Business Mailing Address
5261 S.E. NASSAU TERRACE **5261 S.E. NASSAU TERRACE**
STUART, FL 34997 **STUART, FL 34997**

DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
38-3684895 Not Applicable

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

6. Name and Address of Current Registered Agent
AGTMAAL, MARK VAN
5261 S.E. NASSAU TERRACE
STUART, FL 34997

DO NOT WRITE IN THIS SPACE

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 reappointing)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005.

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD AGTMAAL, MARK VAN 5261 S.E. NASSAU TERRACE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

00000362071
 05/05/05-80100-024 158.75

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.

SIGNATURE: _____ DATE: **04/29/05** DAYTIME PHONE #: **772-240-6922**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR