

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90010 044 \*\*\*150.00

**DOCUMENT # P03000074800**

1. Entity Name  
S/MVR, INC.



Principal Place of Business  
300 S.E. 2ND STREET  
FT. LAUDERDALE, FL 33301

Mailing Address  
300 S.E. 2ND STREET  
FT. LAUDERDALE, FL 33301

40029881



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112008

Chg-P

CR2E034 (12/06)

4. FEI Number  
56-2376175

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, PATRICIA  
300 S.E. 2ND STREET  
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name  
Robert Esposito  
Street Address (P.O. Box Number is Not Acceptable)  
Stiles Corporation  
300 SE 2nd Street  
City  
Ft. Lauderdale FL Zip Code  
33301

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

Robert Esposito

January 31, 2008

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STILES, TERRY W 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT EAGON, DOUGLAS P 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, PATRICIA 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, STEPHEN R 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINE, JAMES W 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FERRERA, ROCCO 300 S.E. 2ND STREET FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Esposito, Robert 300 SE 2nd Street Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 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:

Terry W. Stiles  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry W. Stiles January 31, 2008

954-627-9300

Date

Daytime Phone #

ATTACHMENT  
40029881  
# P03000074800  
UNIFORM BUSINESS REPORT

11. CONTINUED

TITLE:	V	ADDITION
NAME:	O'SHEA, DENNIS F.	
STREET ADDRESS:	300 SE 2 <sup>nd</sup> St.	
CITY-ST-ZIP:	Ft. Lauderdale, FL 33301	
TITLE:	ASSISTANT SECRETARY	ADDITION
NAME:	FLOREK, DONNA	
STREET ADDRESS:	300 SE 2 <sup>nd</sup> St.	
CITY-ST-ZIP:	Ft. Lauderdale, FL 33301	