


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90203 019 ***150.00

DOCUMENT # P04000013586							
1. Entity Name MVW, INC.							
Principal Place of Business 66 INDUSTRIAL CT FREEPORT, FL 32439			Mailing Address 66 INDUSTRIAL CT FREEPORT, FL 32439				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-0642451			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BLOUNT, MICHAEL 1074 BANNERMAN RD ATALLAHASSEE, FL 32312			Name VICTORIA H. Blount				
			Street Address (P.O. Box Number is Not Acceptable) 66 Industrial Ct				
			City Freeport			FL Zip Code 32439	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BLOUNT, VICTORIA H		NAME				
STREET ADDRESS	158 E SHIPWRECK RD		STREET ADDRESS				
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BLOUNT, THOMAS W		NAME				
STREET ADDRESS	158 E SHIPWRECK RD		STREET ADDRESS				
CITY-ST-ZIP	FREEPORT, FL 32459		CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BLOUNT, MICHAEL W		NAME				
STREET ADDRESS	1074 BANNERMAN RD		STREET ADDRESS				
CITY-ST-ZIP	ATALLAHASSEE, FL 32312		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BLOUNT, GARY T		NAME				
STREET ADDRESS	158 E SHIPWRECK RD		STREET ADDRESS				
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <u>Victoria H. Blount</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4-21-06</u>		Daytime Phone #: <u>850-835-1090</u>		