


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000042499</b> 1. Entity Name <b>MVC HOME SERVICES, INC.</b>	
--	---

Principal Place of Business <b>5051 CASTELLO DRIVE 30 NAPLES, FL 34103</b>	Mailing Address <b>5051 CASTELLO DRIVE 30 NAPLES, FL 34103</b>
---	---

**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-4696441</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**FACCONE, JOSEPH  
5051 CASTELLO DRIVE  
30  
NAPLES, FL 34103**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000928051 05/21/08-80013-012 150.00</b>
---	--	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, T FACCONE, JOSEPH 5051 CASTELLO DRIVE, SUITE 30 NAPLES, FL 34103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FACCONE, GEORGE 5051 CASTELLO DRIVE, SUITE 30 NAPLES, FL 34103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S FACCONE, RITA 5051 CASTELLO DRIVE, SUITE 30 NAPLES, FL 34103</b>
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**

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:**  **Joseph Faccone** **4/24/08** **239-263-2211**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #