

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90461 039 ***150.00

DOCUMENT # P06000125388

1. Entity Name
METHVIN, INC.



Principal Place of Business 15215 LIVINGSTON AVENUE #80 LUTZ, FL 33559 US	Mailing Address 15215 LIVINGSTON AVENUE #80 LUTZ, FL 33559 US
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40091688



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>16528 N. Dale Mabry Hwy</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Tampa, FL</i>
Zip	Zip <i>33618</i>
Country	Country <i>USA</i>

04242007 Chg-P CR2E034 (12/06)

4. FEI Number <i>20-5649096</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SANDERS, WALTER S
 16528 NORTH DALE MABRY HWY
 TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 *Walter Sanders* *Walter Sanders* *4/25/07*
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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P METHVIN, JAMES 15215 LIVINGSTON AVENUE #80 LUTZ, FL 33559 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James Methvin James Methvin* *4/25/07* *813-508-2116*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #