

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90028 021 ***158.75

DOCUMENT # P06000157740

1. Entity Name
RVS CONSTRUCTION INC



Principal Place of Business
**3557 FANNING BRANCH ROAD
VERNON, FL 32462**

Mailing Address
**3557 FANNING BRANCH ROAD
VERNON, FL 32462**



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8100932

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHEFFIELD, KELLIE A
3557 FANNING BRANCH ROAD
VERNON, FL 32462**

**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 reinstating)

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

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SHEFFIELD, RONALD V**
STREET ADDRESS **3557 FANNING BRANCH ROAD**
CITY-ST-ZIP **VERNON, FL 32462**

TITLE **VPST**
NAME **SHEFFIELD, KELLIE A**
STREET ADDRESS **3557 FANNING BRANCH ROAD**
CITY-ST-ZIP **VERNON, FL 32462**

TITLE
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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:

Kellie A. Sheffield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**KELLIE A. VPST
SHEFFIELD**

01-26-08

Date

850-441-6100
Daytime Phone #