

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078248

FILED
Apr 28, 2009
Secretary of State

Entity Name: MV7, INC.

Current Principal Place of Business:

6921 PISTOL RANGE ROAD
SUITE 104
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

6921 PISTOL RANGE ROAD
SUITE 104
TAMPA, FL 33635

New Mailing Address:

FEI Number: 26-3219734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATTIACCIO, JACQUELINE
6921 PISTOL RANGE ROAD
SUITE 104
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: MATTIACCIO, JACQUELINE
Address: 8804 FIELDFLOWER LANE
City-St-Zip: TAMPA, FL 33635

Title: VP (X) Delete
Name: MORALES, JOSE
Address: 9314 ROCKPORT PLACE
City-St-Zip: TAMPA, FL 33626 US

Title: VP (X) Delete
Name: JOHNSON, LORI S
Address: 9901 SADDLE ROAD
City-St-Zip: TAMPA, FL 33626 US

Title: VP (X) Delete
Name: FORINO, DONALD J
Address: 106 93RD AVE.
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: VP (X) Delete
Name: MUELLER, DONALD G
Address: 1707 SW 108TH ST.
City-St-Zip: GAINESVILLE, FL 32607 US

Title: VP (X) Delete
Name: PORTOFE, FRED G
Address: 4607 COUNTRY HILLS DRIVE
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELINE MATTIACCIO

P

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date