

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P25217**

1. Entity Name  
**SMV TECHNOLOGIES, INC.**



Principal Place of Business  
**2431 DESTINY WAY  
ODESSA, FL 33556 US**

Mailing Address  
**P.O. BOX 1475  
NEW PORT RICHEY, FL 34656 US**

**DO NOT WRITE IN THIS SPACE**



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**51-0286547**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RIETH, DAVID M.  
ONE TAMPA CENTER  
SUITE 2900  
TAMPA, FL 33601-0391**

**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

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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	THORP, BETTY M
STREET ADDRESS	5060 PORPOISE PL
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	VSD
NAME	THORP, STEPHEN M
STREET ADDRESS	5060 PORPOISE PL
CITY-ST-ZIP	NEW PORT RICHEY, FL
TITLE	D
NAME	FENSTERMACHER, ELLEN
STREET ADDRESS	115 SOUTH BROAD ST
CITY-ST-ZIP	KENNETT SQ, PA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

110000444531  
03/07/06 80006 016 158.75

**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:

*Betty M. Thorp*  
**BETTY M. THORP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/17/06*  
**2/17/06 727-372-1512**

Date

Daytime Phone #