

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2006 08:00 AM
Secretary of State**

DOCUMENT # P95000086844

1. Entity Name
CVA, INCORPORATED



Principal Place of Business
3247 BEACH BLVD.
JACKSONVILLE, FL 32207

Mailing Address
3247 BEACH BLVD.
JACKSONVILLE, FL 32207



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3364260

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FALLAR, SCOTT W ESQ.
C/O CRABTREE, BARTLETT & HEekin
8777 SAN JOSE BLVD
JACKSONVILLE, FL 32217

**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 file 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

1100000453613
03/14/06-80026-011 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ARTZ, MIKE
STREET ADDRESS 3247 BEACH BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE V
NAME WILLIAMS, WAYNE
STREET ADDRESS 3247 BEACH BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ST
NAME VANLANGEN, MIKE
STREET ADDRESS 3247 BEACH BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 32207

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: **Michael R. Van Langen Sec/Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-24-06
Daytime Phone #