

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066937

FILED
Feb 19, 2004
Secretary of State

Entity Name: CVS, INC.

Current Principal Place of Business:

4832 N ORANGE BLSM TR
ORLANDO, FL 32810

New Principal Place of Business:

4832 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810

Current Mailing Address:

1223 EAST CONCORD STREET
ORLANDO, FL 32803

New Mailing Address:

4832 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32810

FEI Number: 59-3396477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAMONDO, VICTOR
308 NORTH VILLAGE ST
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

STRAMONDO, VICTOR L SR
308 NORTH VILLAGE ST
CELEBRATION, FL 34747 US

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: ANDREW C MOLER

02/19/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSDV () Delete
Name: STRAMONDO, VICTOR
Address: 1677 SACKETT CIRCLE
City-St-Zip: ORLANDO, FL 32818

Title: PT () Delete
Name: STRAMONDO, VICTOR
Address: 1677 SACKETT CIRCLE
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDV (X) Change () Addition
Name: STRAMONDO, VICTOR L SR
Address: 308 N VILLAGE ST
City-St-Zip: CELEBRATION, FL 34747

Title: PT (X) Change () Addition
Name: STRAMONDO, VICTOR L SR
Address: 308 N VILLAGE ST
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VICTOR L STRAMONDO SR

P

02/19/2004

Electronic Signature of Signing Officer or Director

Date