


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90120 046 ***150.00

DOCUMENT # P96000066937

1. Entity Name
CVS, INC.



Principal Place of Business
**4832 N ORANGE BLSM TR
 ORLANDO, FL 32810**

Mailing Address
**4832 N ORANGE BLOSSOM TRAIL
 ORLANDO, FL 32810**



2. Principal Place of Business
8235 N ORANGE BLSM TR
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 669
 Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
APOKA, FL

Zip
32810

Country
USA

Zip
32703

Country
USA

07082005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3396477

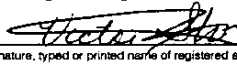
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**STRAMONDO, VICTOR L SR
 4832 N. ORANGE BLOSSOM TR.
 ORLANDO, FL 32810**

7. Name and Address of New Registered Agent
 Name
VICTOR L STRAMONDO SR
 Street Address (P.O. Box Number is Not Acceptable)
8835 N ORANGE BLSM TR
 City
ORLANDO **FL** Zip Code
32810

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: **7-8-05**

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 Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDV STRAMONDO, VICTOR L SR 308 N VILLAGE ST CELEBRATION, FL 34747 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDV STRAMONDO, VICTOR L SR 372 KENTUCKY BLUE CIRCLE APOKA FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STRAMONDO, VICTOR L SR 308 N VILLAGE ST CELEBRATION, FL 34747 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT STRAMONDO, VICTOR L SR 372 KENTUCKY BLUE CIRCLE APOKA FL 32712 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE: **7-8-05** (407) 291-8411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #