

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000089090**

1. Entity Name  
**NATIONAL C. S. & V., INC.**



Principal Place of Business  
**2620 CARTER LN  
LAKE WORTH, FL 33460 US**

Mailing Address  
**1407 RUPP LANE  
LAKE WORTH, FL 33460 US**



02022006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0713596**

Applied For  
Not Applicable

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

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

**NICHOLS, ROBERT B SR  
1407 RUPP LN  
LAKE WORTH, FL 33460**

**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 restate)

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	P
NAME	NICHOLS, MARK K
STREET ADDRESS	1407 RUPP LN
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	ST
NAME	NICHOLS, ROBERT B SR
STREET ADDRESS	1407 RUPP LN
CITY-ST-ZIP	LAKE WORTH, FL 33460
TITLE	VP
NAME	TOEVS, BRENT R
STREET ADDRESS	2764 IRONWOOD CIRCLE
CITY-ST-ZIP	ERIE, CO 80516
TITLE	VP
NAME	JOHNSON, KENT B
STREET ADDRESS	3433 HOLLYWOOD OAKS DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000499821  
04/25/06-80001-004 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-6-06