2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 10, 2008 08:00 Al Secretary of State DOCUMENT # P97000017153 1. Entity Name A MAN WITH A VAN, INC. Principal Place of Business Mailing Address 11420 FORTUNE CIRCLE 11420 FORTUNE CIRCLE SUITE 1-22 SUITE I-22 WELLINGTON FL 33414 WELLINGTON FL 33414 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #. etc. Suite Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State Applied For City & State 4. FEI Number 65-0728270 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IACOVETTI, JOHN JR Street Address (P.O. Box Number is Not Acceptable) 13652 EXOTICA LANE WELLINGTON FL 33414 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed learns of repaired riger Land Life Timplication fNOTE: Registered Agent communic required when reinstating DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Derete TITLE NAME IACOVETTI, JOHN P STREET ADDRESS 13652 EXOTICA LANE STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST 7IP TIT! F De-ete ☐ Change ■ Addition NAME 002 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Daiete Change Acdition MAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST ZIP TITLE Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 offect as if made under oath: that I am an efficer 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:

Juhn P. IAcovetto JR