


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000046007		
1. Entity Name MVS, INC.		
Principal Place of Business 27 SO ORCHARD STREET STE B ORMOND BEACH, FL 32174		Mailing Address 27 SO ORCHARD STREET STE B ORMOND BEACH, FL 32174
DO NOT WRITE IN THIS SPACE		
		01292004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3457969		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DONALD E HAWKINS, PA 501 S RIDGEWOOD AVE DAYTONA BCH, FL 32114		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD VISCOMI, VINCENT 27 SO ORCHARD ST ST B ORMOND BCH, FL 32174	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD HANSARD, WILLIAM C 31 LAKECLIFF DRIVE ORMOND BCH, FL 32174	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD SALVATO, CHARLES 2204 N ATLANTIC AVE DAYTONA BCH, FL 32118	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SALVATO, NICHOLAS 1420 SOUTH ATLANTIC AVE DAYTONA BEACH, FL 32118	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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: <u>William Hansard</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>4-28-04</u> Daytime Phone # <u>386 676 0105</u>