

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90100 041 \*\*\*150.00

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04272005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000046007</b> 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		
2. Principal Place of Business 299 W. GRANADA BLVD Suite, Apt. #, etc. SUITE B		3. Mailing Address 299 W. GRANADA BLVD Suite, Apt. #, etc. SUITE B			
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL		4. FEI Number 59-3457969	
Zip 32174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  DONALD E HAWKINS, PA 501 S RIDGEWOOD AVE DAYTONA BCH, FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VISCOMI, VINCENT 27 SO ORCHARD ST ST B ORMOND BCH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANSARD, WILLIAM C 31 LAKECLIFF DRIVE ORMOND BCH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SALVATO, CHARLES 2204 N ATLANTIC AVE DAYTONA BCH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVATO, NICHOLAS 1420 SOUTH ATLANTIC AVE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 C. Hansard</u> William C. Hansard 4/27/05 386-676-0105		