

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90041 013 \*\*\*150.00

**DOCUMENT # P97000046007**

1. Entity Name  
MVS, INC.



Principal Place of Business  
299 W GRANADA BLVD, STE B  
ORMOND BEACH, FL 32174

Mailing Address  
299 W GRANADA BLVD, STE B  
ORMOND BEACH, FL 32174

**60000288**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number  
59-3457969

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALD E HAWKINS, PA  
501 S RIDGEWOOD AVE  
DAYTONA BCH, FL 32114

Name **VISCOMI, VINCENT**

Street Address (P.O. Box Number is Not Acceptable)

**299 W. GRANADA, BLVD, STE B**

City **ORMOND BEACH**

FL

Zip Code **32174**

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.

**VINCENT VISCOMI**

**1/4/06**

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME VISCOMI, VINCENT ☐ Delete  
STREET ADDRESS 299 W GRANADA BLVD, STE B  
CITY-ST-ZIP ORMOND BCH, FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME HANSARD, WILLIAM C ☐ Delete  
STREET ADDRESS 31 LAKECLIFF DRIVE  
CITY-ST-ZIP ORMOND BCH, FL 32174

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD  
NAME SALVATO, CHARLES ☐ Delete  
STREET ADDRESS 2204 N ATLANTIC AVE  
CITY-ST-ZIP DAYTONA BCH, FL 32118

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME SALVATO, NICHOLAS ☐ Delete  
STREET ADDRESS 1420 SOUTH ATLANTIC AVE  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**VINCENT VISCOMI**

**1/4/06**

**386-676-0105**

Date

Daytime Phone #