

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90169 003 \*\*\*150.00

**DOCUMENT # P98000044782**

1. Entity Name

MVC MANAGEMENT CORP.



Principal Place of Business

9105 CRYSTAL COMMONS WAY  
TAMPA FL 33626  
US

Mailing Address

PMB 2034, 3001 N ROCKY POINT DR E  
#200  
TAMPA FL 33607

2. Principal Place of Business

18203 Parasol Way  
Suite, Apt. #, etc.  
Lutz, FL,  
City & State

3. Mailing Address

Suite, Apt. #, etc.  
City & State

Zip 33558

Country USA

Zip

Country

4. FEI Number

59-3517044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOYDEN, KELLY	
STREET ADDRESS	9105 CRYSTAL COMMONS WAY	
CITY-ST-ZIP	TAMPA FL 33626	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Van Cleave	
STREET ADDRESS	3001 N Rocky Point Dr E	
CITY-ST-ZIP	33607 - Tampa FL	
TITLE	Vice President - Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Van Cleave	
STREET ADDRESS	3001 N Rocky Point Dr E	
CITY-ST-ZIP	Tampa FL 33607	
TITLE	Vice President, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelly Boyden	
STREET ADDRESS	3001 N Rocky Point Dr E	
CITY-ST-ZIP	Tampa FL 33607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #