2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000003201

1. Entity Name
E&V HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
1440 SHADWELL CIRCLE HEATHROW, FL 32746	1440 SHADWELL CIRCLE HEATHROW, FL 32746

DO NOT WRITE IN THIS SPACE

01262005   No Chg-P   CR2E034 (10/03)
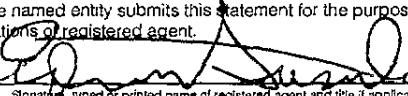
4. FEI Number	Applied For
59-3559489	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FASULA, EDWARD V
1440 SHADWELL CIRCLE
HEATHROW, FL 32746

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

2/5/05
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing
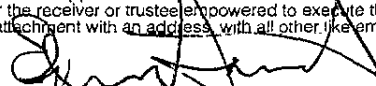Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FASULA, EDWARD V
STREET ADDRESS	1440 SHADWELL CIRCLE
CITY-ST-ZIP	HEATHROW, FL 32746

TITLE	VSTD
NAME	FASULA, VICTORIA C
STREET ADDRESS	1440 SHADWELL CIRCLE
CITY-ST-ZIP	HEATHROW, FL 32746

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

2/5/05
Date

407 7660923
Daytime Phone #