

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000003201					
1. Entity Name E&V HOLDINGS CORPORATION					
Principal Place of Business 1440 SHADWELL CIRCLE HEATHROW, FL 32746			Mailing Address 1440 SHADWELL CIRCLE HEATHROW, FL 32746		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3559489	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FASULA, EDWARD V 1440 SHADWELL CIRCLE HEATHROW, FL 32746				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FASULA, EDWARD V ☐ Delete 1440 SHADWELL CIRCLE HEATHROW, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FASULA, VICTORIA C ☐ Delete 1440 SHADWELL CIRCLE HEATHROW, FL 32746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition UD00000499325 04/24/06-80025-009 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition					
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: <i>Edward V. Fasula Pres</i> 4/6/06 407 766 0923					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					