

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90246 012 ***150.00

DOCUMENT # F98000007049					
1. Entity Name DAVID VAUGHAN INVESTMENTS, INC.					
Principal Place of Business 5823 N. FOREST PARK DR. PEORIA, IL 61614			Mailing Address 5823 N. FOREST PARK DR. PEORIA, IL 61614		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 37-1272863	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VAUGHAN, JO 8754 LAKE TIBET CT. CYPRESS POINT ORLANDO, FL 32836			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	CPT VAUGHAN, DAVID	<input type="checkbox"/> Delete	TITLE NAME	D Sheridan, Todd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5823 N. FOREST PARK DR.		STREET ADDRESS	5823 N. Forest Park Dr.	
CITY-ST-ZIP	PEORIA, IL 61614		CITY-ST-ZIP	Peoria IL 61614	
TITLE NAME	DV WILLIAMS, LAWRENCE IV	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5823 N. FOREST PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	PEORIA, IL 61614		CITY-ST-ZIP		
TITLE NAME	D CHRISTENSEN, BRIAN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5823 N. FOREST PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	PEORIA, IL 61614		CITY-ST-ZIP		
TITLE NAME	S VAUGHAN, ANNE	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5823 N. FOREST PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	PEORIA, IL 61614		CITY-ST-ZIP		
TITLE NAME	D SMARJESSE, PATRICK	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5823 N FOREST PARK DR		STREET ADDRESS		
CITY-ST-ZIP	PEORIA, IL 61614		CITY-ST-ZIP		
TITLE NAME	D VAUGHAN, JO	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8754 LAKE TIBET CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32836		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: _____			Date: 3.21.06 Daytime Phone #: 805.685.0033		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					