


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90297 016 ***150.00

DOCUMENT # P04000028787

1. Entity Name
VESTORS INC.



Principal Place of Business Mailing Address

58 COMMERCIAL WAY PO BOX 5037
SPRING HILL, FL 34606 US SPRING HILL, FL 34611 US

40000000



2. Principal Place of Business 3. Mailing Address

2288 Commercial Way Same
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04182005 Chg-P CR2E034 (10/03)

City & State City & State

Spring Hill FL Same

Zip Country Zip Country

34606 US Same US

4. FEI Number Applied For

20-0707653 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WASIELEWSKI, ROBERT D
58 COMMERCIAL WAY
SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name **VESTORS INC / wasielewski Robert D**
 Street Address (P.O. Box Number is Not Acceptable) **2288 Commercial Way**
 City **Spring Hill** FL Zip Code **34606**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D WASIELEWSKI, ROBERT D <input type="checkbox"/> Delete PO BOX 5037 SPRING HILL, FL 34611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D WASIELEWSKI, DEBRA A <input type="checkbox"/> Delete PO BOX 5037 SPRING HILL, FL 34611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE 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: Robert Wasielewski Date: 4/15/05 Daytime Phone #: 352-428-4224