


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90002 002 ***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**

60000054



2. Principal Place of Business 3. Mailing Address

9914 San Diego way **Same**
PT. Richey FL Suite, Apt. #, etc.

04182005 Chg-P CR2E034 (10/03)

City & State City & State

PT Richey FL **PT Richey FL**

7in Country Zip Country

34668 **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
9914 San Diego way
PT Richey, FL 34668

7. Name and Address of New Registered Agent

Name **UPSTERS INC / WASIELEWSKI Robert D**
 Street Address (P.O. Box Number is Not Applicable) **9914 San Diego way**
 City **PT Richey FL 34668**

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 *Robert Wasielewski President* DATE **1/7/06**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D WASIELEWSKI, ROBERT D PO BOX 5037 SPRING HILL, FL 34611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S,D WASIELEWSKI, DEBRA A PO BOX 5037 SPRING HILL, FL 34611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 President* DATE **1/7/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Copy to P. 11