

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90094 034 ***150.00

DOCUMENT # 394146

1. Entity Name
THE VAUGHN GROUP, INC.



Principal Place of Business
**1407 E. ROBINSON ST.
ORLANDO, FL 32801 US**

Mailing Address
**P. O. BOX 532017
ORLANDO, FL 32853-2017 US**

50011317



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1370765

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRICE, PAMELA O.
301 EAST PINE STREET - SUITE 1400
ORLANDO, FL 32801**

**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)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VAUGHN JR., ELBERT H.
STREET ADDRESS	711 ALBA DR
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	EVST
NAME	BRADY, BETTY C
STREET ADDRESS	2928 LAKE PINELCH BLVD.
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	VP
NAME	JOHNSTON, CYNTHIA
STREET ADDRESS	2099 WESTBOURNE DRIVE
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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:

Betty C. Brady **Betty C. Brady** 2-105-707898-3911
Signature and typed or printed name of signing officer or director Date Daytime Phone #