


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90013 016 ***150.00

DOCUMENT # 394146 1. Entity Name THE VAUGHN GROUP, INC.	
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Principal Place of Business 1407 E. ROBINSON ST. ORLANDO, FL 32801 US	Mailing Address P. O. BOX 532017 ORLANDO, FL 32853-2017 US
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DO NOT WRITE IN THIS SPACE

4000



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1370765	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when retesting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAUGHN JR., ELBERT H. 711 ALBA DR ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVST BRADY, BETTY C 2928 LAKE PINELoch BLVD. ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSTON, CYNTHIA 2099 WESTBOURNE DRIVE 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 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: Betty C Brady 2-12-08 407-898-3911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #