


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 302621 1. Entity Name VRD ENTERPRISES, INC.	
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Principal Place of Business 6110 N.W. 1ST PLACE SUITE A GAINESVILLE, FL 32607 US	Mailing Address 6110 NW 1ST PLACE SUITE A GAINESVILLE, FL 32604 US
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1385640	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SHEY, LISA R.
9900 NW 48TH AVE.
GAINESVILLE, FL 32606

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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 reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD SHEY, LAURA B 9900 NW 48TH AVE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHEY, SUSAN I. 9900 NW 48TH AVE. GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SHEY, LISA R 9900 NW 48TH AVE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHEY, KARA E. 9900 NW 48TH AVENUE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000193268
01/25/05-80053-022 150.00

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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)(f), 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: Kara E. Shey 1/19/05 352 3311668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #