2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State
02-08-2007 90047 020 ***150.00

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1. Entity Name
VRD ENTERPRISES, INC

Principal Place of Business	Mailing Address
6110 N.W. 1ST PLACE SUITE A GAINESVILLE, FL 32607 US	C/O SHEY ASSOC. INC 6110 N.W. 1ST PL, SUITE A GAINESVILLE, FL 32607 US

DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1385640
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fees Required

6. Name and Address of Current Registered Agent

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

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHEY, LAURA B
STREET ADDRESS	9900 NW 48TH AVE
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VD
NAME	SHEY, SUSAN I.
STREET ADDRESS	9900 NW 48TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	SD
NAME	SHEY, LISA R
STREET ADDRESS	9900 NW 48TH AVE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	TD
NAME	SHEY, KARA E
STREET ADDRESS	9900 NW 48TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this report meets the requirements of Chapter 607, 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 empowerments.

SIGNATURE: LAURA SHEY, PRESIDENT 2-5-07 (352) 331-1668
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Laura pres