

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 302621

1. Entity Name
VRD ENTERPRISES, INC.



Principal Place of Business
6110 N.W. 1ST PLACE
SUITE A
GAINESVILLE, FL 32607 US

Mailing Address
C/O SHEY ASSOC. INC
6110 N.W. 1ST FL, SUITE A
GAINESVILLE, FL 32607 US



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1385640

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 2008 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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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: *Laura B. Shey* LAURA B. Shey, President

1-24-08 (352) 331-1668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #