

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 302621

Entity Name: VRD ENTERPRISES, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

6110 N.W. 1ST PLACE
SUITE A
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1385640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHEY, LAURA B,
Address: 9900 NW 48TH AVE
City-St-Zip: GAINESVILLE, FL

Title: VD () Delete
Name: SHEY, SUSAN I.,
Address: 9900 NW 48TH AVE.
City-St-Zip: GAINESVILLE, FL 32606

Title: SD () Delete
Name: SHEY, LISA R,
Address: 9900 NW 48TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: TD () Delete
Name: SHEY, KARA E.,
Address: 9900 NW 48TH AVENUE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHEY, LAURA B,
Address: 6110 NW 1 PLACE SUITE A
City-St-Zip: GAINESVILLE, FL

Title: VD (X) Change () Addition
Name: SHEY, SUSAN I.,
Address: 6110 NW 1 PLACE SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: SD (X) Change () Addition
Name: SHEY, LISA R,
Address: 6110 NW 1 PLACE SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: TD (X) Change () Addition
Name: SHEY, KARA E.,
Address: 6110 NW 1 PLACE SUITE A
City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARA SHEY

TD

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date