


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90015 004 \*\*\*150.00

<b>DOCUMENT # 442098</b> 1. Entity Name <b>VASCO, INC.</b>					
Principal Place of Business <b>830 EAST MAIN STREET LAKELAND, FL 33801</b>			Mailing Address <b>P.O. BOX 92717 LAKELAND, FL 33804 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BROCK, DOROTHY 6238 EGRET DRIVE LAKELAND, FL 33809</b>			Name <b>Douglas L. Rollins, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>209 Palmetto Street</b> City <b>Auburndale</b> <b>FL</b> Zip Code <b>33823</b>		
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 <b>Douglas L. Rollins, CPA</b> DATE <b>2/9/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BROCK, LEWIS B. JR.</b> <b>407 GLENEAGLES DRIVE</b> <b>SUMMERVILLE, SC 29483</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <b>BROCK, DOROTHY</b> <b>6238 EGRET DRIVE</b> <b>LAKELAND, FL 33809</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <b>Brock, Cheryl M.</b> <b>407 Gleneagles Drive</b> <b>Summerville, SC 29483</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>BROCK, CHERYL M</b> <b>407 GLENEAGLES DRINE</b> <b>SUMMERVILLE, SC 29483</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>Lewis B. Brock, Jr. PD</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2/10/04</b> Daytime Phone # <b>843/875-4324</b>		