


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90051 028 ***150.00

DOCUMENT # 442098	
1. Entity Name VASCO, INC.	

Principal Place of Business 830 EAST MAIN STREET LAKELAND, FL 33801	Mailing Address P.O. BOX 92717 LAKELAND, FL 33804 US
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00010380



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 2386 Suite, Apt. #, etc.
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01232005 Chg-P CR2E034 (10/03)

City & State Summerville, SC	4. FEI Number 59-1516385	Applied For <input type="checkbox"/> Not Applicable
Zip 29484	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROLLINS, DOUGLAS L 209 PALMETTO STREET AUBURNDALE, FL 33823	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROCK, LEWIS B, JR. 407 GLENEAGLES DRIVE SUMMERVILLE, SC 29483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 Sumpter Hill Dr. Summerville, SC 29485
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BROCK, CHERYL 407 GLENEAGLES DRIVE SUMMERVILLE, SC 29483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 Sumpter Hill Dr. Summerville, SC 29485
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCK, CHERYL M 407 GLENEAGLES DRINE SUMMERVILLE, SC 29483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 102 Sumpter Hill Dr. Summerville, SC 29485
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
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
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 empowers.

SIGNATURE: Lewis B. Brock, Jr. 1/31/05 (843)875-4324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #