## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # 442098** 1. Entity Name 02-03-2005 90051 028 \*\*\*150.00 VASCO, INC. Principal Place of Business Maiting Address 830 EAST MAIN STREET P.O. BOX 92717 aaata38A LAKELAND, FL 33804 LAKELAND, FL 33801 US 2. Principal Place of Business 3. Mailing Address P.O. BOX 2386 Suite, Apt. #, etc. Suite, Apt. #, etc. 01232005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Summerville, SC 59-1516385 Not Applicable Zip Country Country \$8.75 Additional 29484 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROLLINS, DOUGLAS L Street Address (P.O. Box Number is Not Acceptable) 209 PALMETTO STREET AUBURNDALE, FL 33823 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete ΠΠE X Change BROCK, LEWIS B, JR. NAME NAME STREET ADDRESS **407 GLENEAGLES DRIVE** STREET ADDRESS 102 Sumpter Hill Dr. CITY-ST-ZIP SUMMERVILLE, SC 29483 CITY-ST-ZIP Summerville, SC 29485 THE ☐ Delete TITLE Addition BROCK, CHERYL NAME NAME 102 Sumpter Hill Dr. STREET ADDRESS **407 GLENEAGLES DRIVE** STREET ADDRESS CITY-ST-7IP SUMMERVILLE, SC 29483 CITY-ST-7/P Summerville, SC 29485 ☐ Delete TITLE Addition BROCK, CHERYL M NAME NAME 102 Sumpter Hill Dr. STREET ADDRESS **407 GLENEAGLES DRINE** STREET ADDRESS Summerville, SC 29485 CITY-ST-ZIP SUMMERVILLE, SC 29483 CITY-ST-7IP TITLE Delete ☐ Change THE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C01Y-S1-Z2 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Un 15. Brost Lewis B. Brock, SIGNATURE: 1/31/05 (843)875-4324 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 03, 2005 8:00 am