

FILED**Apr 30, 2005 08:00 AM**
Secretary of State**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 515930 1. Entity Name A & N CORPORATION			
Principal Place of Business 707 SW 19TH AVE WILLISTON, FL 32696 US		Mailing Address 707 SW 19TH AVE WILLISTON, FL 32696 US	
DO NOT WRITE IN THIS SPACE			
		04262005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1170805	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAUDREUIL, DAVID N. 707 SW 19TH AVE WILLISTON, FL 32696		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 retaking) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		UP00000345996 04/30/05-80054-005 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VAUDREUIL, DAVID N P.O. BOX 1099 DUNNELLON, FL 34430		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUDREUIL, DAVID N P.O. BOX 1099 DUNNELLON, FL 34430		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAUDREUIL, SUSAN P.O. BOX 1099 DUNNELLON, FL 34430		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUDREUIL, SUSAN H. P.O. BOX 1099 DUNNELLON, FL 34430		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME 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 as an attachment with an address, with all other like empowered.			
SIGNATURE: <u>David Vaudreuil</u> <u>4/28/05 (352) 528-4100</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			