

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90161 019 ***158.75

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1170805

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAUDREUIL, DAVID N.
707 SW 19TH AVE
WILLISTON FL 32696**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution.



**\$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	T VAUDREUIL, DAVID N P.O. BOX 1099 DUNNELLON FL 34430	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAUDREUIL, DAVID N P.O. BOX 1099 DUNNELLON FL 34430	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAUDREUIL, SUSAN P.O. BOX 1099 DUNNELLON FL 34430	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VAUDREUIL, SUSAN H. P.O. BOX 1099 DUNNELLON FL 34430	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

David Vaudreuil **David Vaudreuil**

Date

Daytime Phone #

3/31/03 352 528-4100

CR2E034 (10/02)