

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 669147
 1. Entity Name
V.L. PELOT, INC.



Principal Place of Business Mailing Address
C/O LOTTIE A. PELOT **411 - 3RD STREET SOUTH**
11040 VANDERBILT DRIVE **WISCONSIN RAPIDS WI 54494**
NAPLES FL 34108 **US**
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 **59-2359601** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

PELOT, LOTTIE A
11040 VANDERBILT DRIVE
NAPLES FL 34108

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May be Added to Fees
 Trust Fund Contribution

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MURAWSKI, BARBARA M. P.	
STREET ADDRESS	LOT 19, ROYAL COVE DR.	
CITY - ST - ZIP	NAPLES FL 34110	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARLSON, CAROL	
STREET ADDRESS	411 THIRD ST S	
CITY - ST - ZIP	WISCONSIN RAPIDS WI 54494	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAWYER, PATRICIA A. P.	
STREET ADDRESS	1930 70TH AVE	
CITY - ST - ZIP	DRESSER WI 54009	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARROLL, SUSAN K. P.	
STREET ADDRESS	914 WEEPING WILLOW CT.	
CITY - ST - ZIP	WISCONSIN RAPIDS WI 54494	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 02/08/06-80043-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Lottie A. Pelot **LOTTIE A. PELOT** Reg. Agent 715-424-8347
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #