

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 08:00 AM
Secretary of State

DOCUMENT # 669147

1. Entity Name
V.L. PELOT, INC.



Principal Place of Business
C/O LOTTIE A. PELOT
11040 VANDERBILT DRIVE
NAPLES, FL 34108 US

Mailing Address
411 - 3RD STREET SOUTH
WISCONSIN RAPIDS, WI 54494 US



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2359601

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PELOT, LOTTIE A
11040 VANDERBILT DRIVE
NAPLES, FL 34108

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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03/13/07-80008-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Barbara Murawski* *Barbara Murawski* 2-27-07 239-591

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0651