


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 669147</b> 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
---	--



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

1st MOORE      CR2E034 (10/07)

City & State	4. FEI Number <b>59-2359601</b>
--------------	------------------------------------

Applied For
<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
-----	---------	-----	---------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>  PELOT, LOTTIE A 11040 VANDERBILT DRIVE NAPLES FL 34108	<b>7. Name and Address of New Registered Agent</b>  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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when completing.)</small>
---	---

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 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:** *Patricia A. P. Sawyer*      **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      **Patricia A. P. Sawyer**      2/1/08      7:5-417-1649