

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 669147

Entity Name: V.L. PELOT, INC.

FILED  
Apr 23, 2009  
Secretary of State

**Current Principal Place of Business:**

C/O LOTTIE A. PELOT  
11040 VANDERBILT DRIVE  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-2359601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PELOT, LOTTIE A  
11040 VANDERBILT DRIVE  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MURAWSKI, BARBARA M. P.  
Address: LOT 19, ROYAL COVE DR.  
City-St-Zip: NAPLES, FL 34110

Title: S ( ) Delete  
Name: CARLSON, CAROL  
Address: 411 THIRD ST S  
City-St-Zip: WISCONSIN RAPIDS, WI 54494

Title: VP ( ) Delete  
Name: SAWYER, PATRICIA A. P.  
Address: 1930 70TH AVE  
City-St-Zip: DRESSER, WI 54009

Title: T ( ) Delete  
Name: CARROLL, SUSAN K. P.  
Address: 914 WEEPING WILLOW CT.  
City-St-Zip: WISCONSIN RAPIDS, WI 54494

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL CARLSON

S

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date