

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 669910**

1. Entity Name  
V-GPO, INC.



Principal Place of Business  
2150 WHITFIELD INDUSTRIAL WAY  
SARASOTA, FL 34243

Mailing Address  
2150 WHITFIELD INDUSTRIAL WAY  
SARASOTA, FL 34243



01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1997186	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

CAPITAL CONNECTION, INC.  
417 EAST VIRGINIA STREET, SUITE 1  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000284886

04/02/05-80024-001 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD DOBIESZ, NORMAN R 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GRECO, SAMUEL A 5525 N. MCARTHUR BLVD., STE. 680 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARTY, EDWIN E JR. 5525 N. MCARTHUR BLVD., STE. 680 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUHN, MICHAEL J 5525 N. MCARTHUR BLVD., STE. 680 IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 another like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/05