

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # 824818

1. Entity Name
VINELAND CONSTRUCTION COMPANY



Principal Place of Business
**71 WEST PARK AVENUE
VINELAND, NJ 08360-3508**

Mailing Address
**71 WEST PARK AVENUE
VINELAND, NJ 08360-3508**



02222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 21-0608702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C. T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, BERNARD 71 W PARK AVE VINELAND, NJ 08360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BROWN, SIDNEY 71 W PARK AVE VINELAND, NJ 08360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, SHIRLEY 71 WEST PARK AVENUE VINELAND, NJ 08360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENDALL, BERNICE 71 W PARK AVE VINELAND, NJ 08360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RASCHILLA, FRANK 71ST W PARK AVE VINELAND, NJ 08360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000657525
03/15/07-80001-002 150.00

**DO NOT WRITE
IN THIS SPACE**

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 _____

FRANK RASCHILLA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

Date

Daytime Phone #

VP/CO 02-28-07 <8867691-7000