

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90039 013 ***158.75

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1. Entity Name
VITAL RECORDS CONTROL OF FLORIDA, INC.



Principal Place of Business
**2801 MICHIGAN AVE.
FORT MYERS, FL 33916**

Mailing Address
**4011 EAST RAINES ROAD
MEMPHIS, TN 38118**

30004170



2. Principal Place of Business

3. Mailing Address

5400 meltech

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

01062005

Chg-P

CR2E034 (10/03)

City & State

City & State

Memphis TN

4. FEI Number

41-2067833

Applied For

Not Applicable

Zip

Country

Zip

38118

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALO, DANNY
2801 MICHIGAN
FORT MYERS, FL 33916**

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

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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PCD**
STREET ADDRESS **BELZ, JACK**
CITY-ST-ZIP **100 PEABODY PLACE, SUITE 1400
MEMPHIS, TN 38103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **PALO, DANNY**
CITY-ST-ZIP **4011 EAST RAINES ROAD
MEMPHIS, TN 38118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **WILLIAMS, JIMMIE D**
CITY-ST-ZIP **100 PEABODY PLACE, SUITE 1400
MEMPHIS, TN 38103**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, CECIL**
CITY-ST-ZIP **855 RIDGE LAKE BLVD.
MEMPHIS, TN 38119**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PETTY, RUSS**
CITY-ST-ZIP **868 MT. MORIAH
MEMPHIS, TN 38117**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #