

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90028 038 ***150.00

DOCUMENT # F03000003857

1. Entity Name

THE V R GROUP, INC.



Principal Place of Business

2500 W. ROCK QUARRY RD
BUFORD GA 30519

Mailing Address

2500 W. ROCK QUARRY RD
BUFORD GA 30519

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0466822

Applied For

Not Applicable

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

YOUNKINS, DANIEL
13400 SUTTON PARK DRIVE SOUTH, SUITE 1504
JACKSONVILLE FL 32224

Name **DANIEL YOUNKINS**

Street Address (P.O. Box Number is Not Acceptable)

**7545 CENTURION PARKWAY
SUITE 406**

City **JACKSONVILLE**

FL

Zip Code

32256

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

DANIEL YOUNKINS

2/23/2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 **PSTD** ☐ Delete
NAME **YOUNKINS, DANIEL**
STREET ADDRESS **13400 SUTTON PARK DRIVE SOUTH, SUITE 1504**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **PSTD** ☒ Change ☐ Addition
NAME **YOUNKINS, DANIEL**
STREET ADDRESS **7545 CENTURION PKWY, #406**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE **C** ☐ Delete
NAME **YOUNKINS, DANIEL**
STREET ADDRESS **13400 SUTTON PARK DRIVE SOUTH, SUITE 1504**
CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **C** ☒ Change ☐ Addition
NAME **YOUNKINS, DANIEL**
STREET ADDRESS **7545 CENTURION PKWY, #406**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DANIEL YOUNKINS **2/23/2006** **904-992-2223**