

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90109 023 \*\*\*150.00

**DOCUMENT # F65668**

1. Entity Name  
VICTORIA EQUITIES, INC.



Principal Place of Business

912 N HIGHLAND AVE./ 32803  
P.O. BOX 1911  
ORLANDO, FL 32802

Mailing Address

912 N HIGHLAND AVE./ 32803  
P.O. BOX 1911  
ORLANDO, FL 32802

2. Principal Place of Business - No P.O. Box #

5249 Champagne Cr.

Suite, Apt. #, etc.

3. Mailing Address

5249 Champagne Cr.

Suite, Apt. #, etc.

04242007

Chg-P

CR2E034 (12/06)



City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2159823

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICH, A. WAYNE  
912 N HIGHLAND AVE  
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name

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

390 N. Orange Ave

Ste. 1400

City  
Orlando

FL

Zip Code  
32808

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 DP ☐ Delete  
NAME RICH, A WAYNE  
STREET ADDRESS 912 N HIGHLAND AVE  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE VP ☐ Delete  
NAME RICH, GWEN C  
STREET ADDRESS 912 N HIGHLAND AVENUE  
CITY-ST-ZIP ORLANDO, FL 32803

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 5249 Champagne Cr.  
STREET ADDRESS Orlando, FL 32808  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 5249 Champagne Cr.  
STREET ADDRESS Orlando, FL 32808  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #