## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # F95000000436**

VFL DEVELOPMENT CORPORATION

US

**FILED** Mar 19, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

16 HAGERTY BLVD

WEST CHESTER, PA 19382 US

16 HAGERTY BLVD

WEST CHESTER, PA 19382

No Chg-P

CR2E034 (10/03)

4. FEI Number 23-2435127

03012004

Applied For Not Applicable

5. Certificate of Status Desired \_\_\_ [

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CT CORPORATION SYSTEM

## DO NOT WRITE

1200 S. PINE ISLAND RD. PLANTATION, FL 33324			IN THIS SPACE			
	named entity submits this statement for the proons of registered agent.	rpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of F <u>io</u> rida. I am familiar with, and accept	
Signature, typed or printed name of registered agent and title II applicable (NOTE. Registered			Agent signature	required when reinstating)	OATE	
	E NOW!!! FEE IS \$150.00 zy 1, 2004 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	U00000092641 03/19/04-80017-003 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTON, RICHARD W 16 HAGERTY BLVD WEST CHESTER, PA	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUGGIANO, LOUIS M 16 HAGERTY BLVD WEST CHESTER, PA		DO NOT WRITE			
TRILE NAME STREET ADDRESS CXTY - ST - ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
Title Name Street address City-St-Zip						
TITLE NAME STREET ADDRESS CKY+ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 all place like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PACTOR

610-918-1100