


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000000510 1. Entity Name VLOC INCORPORATED	
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Principal Place of Business 7826 PHOTONICS DRIVE NEW PORT RICHEY, FL 34655 US	Mailing Address 7826 PHOTONICS DRIVE NEW PORT RICHEY, FL 34655 US
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02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1780903	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

SACONE, STEVE
7826 PHOTONICS DRIVE
NEW PORT RICHEY, FL 34655

**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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SACONE, STEVEN L 4696 DEVONSHIRE BLVD. PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KRAMER, FRANCIS J 10491 ALLANTE COURT GIBSONIA, PA 15044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOHNSON, PAUL J JR 422 INNESS DR TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GERMAN, ROBERT D ESQ 49 ORDALE BLVD PITTSBURGH, PA 15228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CREATURO, CRAIG A 105 WINDMILL RD. BUTLER, PA 16002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/14/05-80048-001 150.00

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Steven L. Sacone 2/7/05 (27) 375-8562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #