

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90020 043 ***150.00

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1. Entity Name
VPI SALES COMPANY



Principal Place of Business
**1512 SHOLAR AVENUE
CHATTANOOGA, TN 37406**

Mailing Address
**P O BOX 5967
CHATTANOOGA, TN 37406**

DO NOT WRITE IN THIS SPACE



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1653917	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CASEY, CHARLES F 1635 EDGEWOOD CIRCLE CHATTANOOGA, TN 37405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, MARIE E 1635 EDGEWOOD CIRCLE CHATTANOOGA, TN 37405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCP CASEY, CHARLES F II 1613 LAYTON LANE SIGNAL MOUNTAIN, TN 37377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CASEY, JOHN D 2621 CRESCENT CLUB DR HIXSON, TN 37343
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, THOMAS A 1306 SHADY CIRCLE CHATTANOOGA, TN 37405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KENT, JONATHAN 832 GEORGIA AVE, SUITE 1000 CHATTANOOGA, TN 37402

**DO NOT WRITE
IN THIS SPACE**

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 #

1-19-06 423 697 0808