

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90213 029 ***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**

40037646



02222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1653917

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

F.D. JOHNSTON

2-22-08

423-6970808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #