

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

03-03-2008 90213 029 \*\*\*150.00

**DOCUMENT # F96000004911**

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 <b>62-1653917</b>	Applied For Not Applicable
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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 \_\_\_\_\_ (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 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:  **F.D. JOHNSTON** **2-22-08** **423-6970808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #