


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000002527 1. Entity Name VCOM3D, INC.	
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Principal Place of Business 3452 LAKE LYNDA DRIVE 260 ORLANDO, FL 32817 US	Mailing Address 3452 LAKE LYNDA DRIVE 260 ORLANDO, FL 32817 US
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3419305	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIDEMAN, CAROL J
4831 BASS POINT RD.
ORLANDO, FL 32820

**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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000100856 04/01/04-80025-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIDEMAN, CAROL J 4831 BASS POINT RD. ORLANDO, FL 32820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMS, EDWARD M 4831 BASS POINT RD. ORLANDO, FL 32820
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000100856
04/01/04-80025-010 8.75

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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: Carol J Wideman 3/29/04 407-487-4695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #