

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90077 040 ***150.00

DOCUMENT # F98000004664

1. Entity Name
V.B. INTERPRIDE INC.



Principal Place of Business
**5312 AEOLUS WAY
ORLANDO, FL 32808**

Mailing Address
**5312 AEOLUS WAY
ORLANDO, FL 32808**

24083161



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08112004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3515317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRUNEY, VIRGINIA
5312 AEOLUS WAY
ORLANDO, FL 32808**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **BRUNEY, VIRGINIA**
CITY-ST-ZIP **5312 AEOLUS WAY
ORLANDO, FL 32808**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **JACKSON, ELFORD D**
CITY-ST-ZIP **5312 AEOLUS WAY
ORLANDO, FL 32808**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

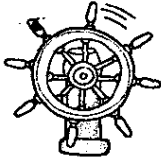
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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:

Virginia Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT 24683161
F98000004664

Elford D. Jackson

August 29, 2004

Ref Letter # 204A00049750

Dear Tyrone Scott:

The corporation terminated business in the latter part of 2003. We have moved to the Morriston, Fl. Area and we are in the process of starting a new business in this area. I have enclosed a check and the required form.

Thank you.

Sincerely,

Mr. Elford D. Jackson
Vice President

EDJ/edj.

File: C:\my documents\ltr-fl Dept of State

5312 AEOLUS WAY
ORLANDO, FL. 32808-5957
HOME: 407-290-1938 FAX: 407-290-6307 CELL: 321-624-9445