


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000006193	
1. Entity Name VMI, LTD. COMPANY	

Principal Place of Business 2295 S. HIAWASSEE ROAD SUITE 409 ORLANDO, FL 32835	Mailing Address 2295 S. HIAWASSEE ROAD SUITE 409 ORLANDO, FL 32835
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03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0386866	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 DOWLING, LINDA 13604 LAKE CAWOOD DRIVE WINDERMERE, FL 34786

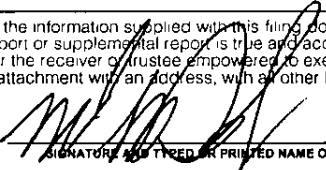
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000894227 04/24/08-80019-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT DOWLING, MICHAEL J 13604 LAKE CAWOOD DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS DOWLING, LINDA J 13604 LAKE CAWOOD DRIVE WINDERMERE, FL 34786
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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 another like empowered.	
SIGNATURE: 	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> _____ <small>Daytime Phone #</small> _____