


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2005 8:00 am**  
**Secretary of State**

06-09-2005 90002 044 \*\*\*150.00

<b>DOCUMENT # G63505</b> 1. Entity Name <b>V &amp; I MAINTENANCE CORPORATION OF CENTRAL FLORIDA</b>					
Principal Place of Business <b>4405 SW 35 TERR GAINESVILLE, FL 32608 US</b>			Mailing Address <del>P O BOX 141901</del> <b>GAINESVILLE, FL 32614 901 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1832 FOSTER DRIVE</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>JACKSONVILLE, FL</b> Zip <b>32216</b>		Country <b>USA</b>	
4. FEI Number <b>59-2338177</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STROHECKER, LARRY G. 1764 LIVE OAK LANE ATLANTIC BEACH, FL 32283</b>			7. Name and Address of New Registered Agent Name <b>KAREN HOFFMAN, ATTY AT LAW</b> Street Address (P.O. Box Number is Not Acceptable) <b>334 2ND AVE. N</b> City <b>JACKSONVILLE</b>		
FL			Zip Code <b>32250</b>		
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 <u>Karen C Hoffman</u> <span style="float: right;">6/7/05</span> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT STROHECKER, LARRY G. 1764 LIVE OAK LANE ATLANTIC BEACH, FL 32233	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARK TOLLESON 1832 FOSTER DR JACKSONVILLE, FL 32216
		<input checked="" type="checkbox"/> Delete			
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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: <u>M. H. Dole</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/7/05 904-725-0440 <small>Date Daytime Phone #</small>		