

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

03-02-2004 90046 026 ***150.00

DOCUMENT # H53317

1. Entity Name
VRABLIK PROPERTIES, INC.



Principal Place of Business
**631 THOMPSON'S WAY
INVERNESS IL 60067-4653**

Mailing Address
**631 THOMPSON'S WAY
INVERNESS IL 60067-4653**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2543291

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ROBERTS, ARTHUR E.
250 S. MAIN AVE.
GROVELAND FL 34736**

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 PD ☐ Delete
NAME VRABLIK, EDWARD R.
STREET ADDRESS 631 THOMPSONS WAY
CITY-ST-ZIP INVERNESS IL 60067-4653

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

TITLE V ☐ Delete
NAME VRABLIK, BERNICE G.
STREET ADDRESS 631 THOMPSONS WAY
CITY-ST-ZIP INVERNESS IL 60067-4653

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

TITLE S ☐ Delete
NAME VRABLIK, SCOTT S.
STREET ADDRESS ~~1001 THOMAS ATKINSON RD~~
CITY-ST-ZIP ~~INVERNESS FL 33007~~

TITLE ☒ Change ☐ Addition
NAME **S VRABLIK, SCOTT S.**
STREET ADDRESS **22453 MARIEL CIRCLE**
CITY-ST-ZIP **DEER PARK, IL 60010**

TITLE T ☐ Delete
NAME VRABLIK, EDWARD R II
STREET ADDRESS 1081 ARCADEY DR
CITY-ST-ZIP LAKE FOREST IL 60045

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
NAME
STREET ADDRESS
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: **EDWARD R. VRABLIK** *ER Vrablik*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04 847-3522265

Date

Daytime Phone #