

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # H53713**

1. Entity Name  
**V & M ASSOCIATES, INC.**



Principal Place of Business  
**9806 PINES BLVD**  
**PEMBROKE PINES, FL 33024**

Mailing Address  
**9806 PINES BLVD**  
**PEMBROKE PINES, FL 33024**



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2585662** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NIX, JACK VERN**  
**9806 PINES BLVD**  
**PEMBROKE PINES, FL 33024**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE: **PTD**  
 NAME: **NIX, MARIE**  
 STREET ADDRESS: **9806 PINES BLVD**  
 CITY-ST-ZIP: **PEMBROKE PINES, FL 33024**

TITLE: **VPSD**  
 NAME: **NIX, JACK VERN**  
 STREET ADDRESS: **9806 PINES BLVD**  
 CITY-ST-ZIP: **PEMBROKE PINES, FL 33024**

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00000243260  
 02/25/05-80033-011 150.00

**DO NOT WRITE 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)(f), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-22-05**

Date

**954-275-3773**

Daytime Phone #