

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # J15000

1. Entity Name
VICKERS OF CENTRAL FLORIDA, INCORPORATED



FILED
04 APR 30 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**10944 SW 138 COURT
MIAMI, FL 33186**

Mailing Address
**10944 SW 138 COURT
MIAMI, FL 33186**

Delete From.
2. Principal Place of Business
8092 CANYON LK. Cir

Delete / From.
3. Mailing Address
P.O. Box 617185

City & State
ORLANDO, FLORIDA

City & State
ORLANDO, FLORIDA

Zip
32835

Zip
32861



04222004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2675327

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**TRAPP, WINSTON
10944 SW 138 COURT
MIAMI, FL 33186**

Delete / From.

7. Name and Address of New Registered Agent
Name **PRESTON ADAMS, B**
Street Address (P.O. Box Number is Not Acceptable)
8092 CANYON LAKE CIRCLE
City **ORLANDO** FL **32835**

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 **PRESTON ADAMS** **4/22/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS TRAPP, WINSTON 10944 SW 138 COURT MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR/Secretary/Treasurer/Chairman PRESTON ADAMS 8092 CANYON LAKE CIRCLE ORLANDO, FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **PRESTON ADAMS** **President** **4/22/04** **(407) 399-0969**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #