

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K29121

FILED  
Mar 13, 2007  
Secretary of State

Entity Name: VACUUM SYSTEMS SPECIALISTS, INC.

## Current Principal Place of Business:

402 E. BROWNLEE STREET  
STARKE, FL 32091

## New Principal Place of Business:

402 E. BROWNLEE STREET  
STARKE, FL 32091 US

## Current Mailing Address:

PO BOX 1257  
STARKE, FL 32091

## New Mailing Address:

PO BOX 1257  
STARKE, FL 32091 US

FEI Number: 59-2904067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARPER, JAMES L.  
3493 BAKER RD  
MIDDLEBURG, FL 32068 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HARPER, JAMES L  
Address: 3493 BAKER RD  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: ST ( ) Delete  
Name: HARPER, VELLA A  
Address: 3493 BAKER RD  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: T ( ) Delete  
Name: DOYLE, DAWN A  
Address: 489 WILDWOOD AVE SW  
City-St-Zip: PALM BAY, FL 32908 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: DOYLE, DAWN A  
Address: 3491 BAKER RD  
City-St-Zip: MIDDLEBURG, FL 32068 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN A. DOYLE

TR

03/13/2007

Electronic Signature of Signing Officer or Director

Date