

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90027 019 \*\*\*150.00

**DOCUMENT # K29121**

1. Entity Name  
**VACUUM SYSTEMS SPECIALISTS, INC.**



Principal Place of Business  
**402 E. BROWNLEE STREET  
STARKE, FL 32091 US**

Mailing Address  
**PO BOX 1257  
STARKE, FL 32091 US**

40045300



01252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2904067</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

~~HARPER, JAMES L.~~ **Harper, Vella A.**  
**3493 BAKER RD  
MIDDLEBURG, FL 32068**

**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 Vella A Harper **Vella A. Harper, PD** 2/29/08  
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, 2008 Fee will be \$550.00**

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	<b>PD <del>HARPER, JAMES L.</del> Harper, Vella A. 3493 BAKER RD MIDDLEBURG, FL 32068</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST <del>HARPER, VELLA A.</del> Doyle, Dawn A. <del>3493 BAKER RD</del> 3491 Baker Rd MIDDLEBURG, FL 32068</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T DOYLE, DAWN A 3491 BAKER RD MIDDLEBURG, FL 32068</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dawn A Doyle **Dawn A. Doyle, ST** 2/28/08 904-964-6548  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #