


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90049 025 \*\*\*550.00

<b>DOCUMENT # L41383</b> 1. Entity Name <b>VIOLETT U-PULL-IT, INC.</b>					
Principal Place of Business <b>C/O DONALD R. VIOLETT 2218 SHIRAH ROAD AUBURNDALE FL 33823</b>			Mailing Address <b>C/O DONALD R. VIOLETT <del>2218 SHIRAH ROAD</del> 1530 Blue Lake Dr AUBURNDALE FL 33823 Lakeland, FL 33801-6903</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>1530 Blue Lake Dr.</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Lakeland FL</b>  Zip      Country <b>33801-6903</b>		4. FEI Number      Applied For <b>59-3083668</b> <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE      CR2E034 (10/04)	
6. Name and Address of Current Registered Agent  <b>VIOLETT, DONALD R. 2218 SHIRAH ROAD AUBURNDALE FL 33823</b>			7. Name and Address of New Registered Agent Name <b>Yvonna H. Violet</b> Street Address (P.O. Box Number is Not Acceptable) <b>1530 Blue Lake Dr</b>  City <b>Lakeland FL</b> Zip Code <b>33801-6903</b>		
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 <b>Yvonna H. Violet</b> <small>Signature typed or printed name of registered agent and title if applicable</small>		<b>Yvonna H. Violet</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>7-21-05</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing      \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIOLETT, DONALD R.</b> <b>2218 SHIRAH ROAD</b> <b>AUBURNDALE FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VIOLETT, YVONNA H.</b> <b><del>2218 SHIRAH ROAD</del></b> <b><del>AUBURNDALE FL</del></b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director</b> <b>Yvonna Violet</b> <b>1530 Blue Lake Dr.</b> <b>Lakeland, FL 33801-6903</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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"/> Delete	<input type="checkbox"/> Delete	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: <b>Yvonna H. Violet</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>7-21-05</b> <small>Date</small> <small>Daytime Phone #</small>		