

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90001 025 ***150.00

DOCUMENT # M64371

1. Entity Name

VITAL-18 ENTERPRISES, INC.



Principal Place of Business

4437 HWY 218 E
P.O. BOX 1205
MIDDLEBURG FL 23068
US

Mailing Address

4437 HWY 218 W
P.O. BOX 1205
MIDDLEBURG FL 32050-1205
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2865358**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, PATRICIA A
~~1984 REDBUG ALLEY~~ **4810 GOPHER LANE**
MIDDLEBURG FL 32068

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, PATRICIA A	
STREET ADDRESS	1984 REDBUG ALLEY	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LANE, LINDA	
STREET ADDRESS	8936 JOHNSON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	T	<input type="checkbox"/> Delete
NAME	SEROKI, SHEILA A	
STREET ADDRESS	1984 REDBUG ALLEY	
CITY-ST-ZIP	MIDDLEBURG FL 32068	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANE, JOHN	
STREET ADDRESS	8936 JOHNSON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PATRICIA A	
STREET ADDRESS	4810 GOPHER LANE	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, LINDA C	
STREET ADDRESS	1984 REDBUG ALLEY	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, JOHN P	
STREET ADDRESS	1984 REDBUG ALLEY	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEROKI, SHEILA A	
STREET ADDRESS	4810 GOPHER LANE	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Linda Lane* **LINDA LANE, VICE PRESIDENT** **2/2/2004** **904-292-9871**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #