2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # M64371

1. Entity Name
VITAL-18 ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4437 HWY 218 E P.O. BOX 1205 MIDDLEBURG, FL 23068 US	4437 HWY 218 W P.O. BOX 1205 MIDDLEBURG, FL 32050-1205 US

04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

BROWN, PATRICIA A
4810 GORHER LANE
MIDDLEBUG, FL 32068

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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 Patricia A Brown Patricia A Brown, Pres 4/26/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BROWN, PATRICIA A
STREET ADDRESS	4810 GOPNER LANE
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	VP
NAME	LANE, LINDA C
STREET ADDRESS	1984 REDBUG ALLEY
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	T
NAME	LANE, JOHN P
STREET ADDRESS	1984 REDBUG ALLEY
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	S
NAME	SEROKI, SHEILA A
STREET ADDRESS	4810 GOPNER LANE
CITY-ST-ZIP	MIDDLEBURG, FL 32068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80072-006 150.00

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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: Patricia A Brown Patricia A Brown President 4/26/05 (904) 282-9871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #