

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90265 025 ***150.00

DOCUMENT # M64371

1. Entity Name

VITAL-18 ENTERPRISES, INC.



Principal Place of Business

**4437 HWY 218 W
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
4810 GORHER 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, 2006 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 **P** ☐ Delete
NAME **BROWN, PATRICIA A**
STREET ADDRESS **4810 GOPNER LANE**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **P** ☒ Change ☐ Addition
NAME **Patricia A Brown**
STREET ADDRESS **4810 Gopher Circle**
CITY-ST-ZIP **Middleburg FL 32068**

TITLE **VP** ☐ Delete
NAME **LANE, LINDA C**
STREET ADDRESS **1984 REDBUG ALLEY**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **LANE, JOHN P**
STREET ADDRESS **1984 REDBUG ALLEY**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SEROKI, SHEILA A**
STREET ADDRESS **4810 GOPNER LANE**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **S** ☒ Change ☐ Addition
NAME **Sheila A, Seroki**
STREET ADDRESS **2035 Laurel Dr**
CITY-ST-ZIP **Middleburg FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Patricia A Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18-06 904-282-9871
Date Daytime Phone #