



2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M64371 1. Entity Name VITAL-18 ENTERPRISES, INC.						FILED 07 AUG -9 AM 10: 13 FLORIDA ALBANY, FLORIDA		
Principal Place of Business 4437 HWY 218 W MIDDLEBURG, FL 23068 US				Mailing Address 4437 HWY 218 W MIDDLEBURG, FL 32050-1205 US				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				
City & State Zip Country				City & State Zip Country				
4. FEI Number 59-2865358				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent LANE, LINDA C 1984 REDBUG ALLEY MIDDLEBURG, FL 32068				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>				
\$5.00 May Be Added to Fees								
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, PATRICIA A 4810 GOPHER CIR MIDDLEBURG, FL 32068 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700108026207 08/14/07--01010--008 **\$61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANE, LINDA C 1984 REDBUG ALLEY MIDDLEBURG, FL 32068 <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	T LANE, JOHN P 1984 REDBUG ALLEY MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T + President Lane, John P. 1984 Redbug Alley Middleburg, FL 32068			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEROKI, SHEILA A 2035 LAUREL DR MIDDLEBURG, FL 32068 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary C. Scott Cruse 2060 Cornell Road Middleburg, FL 32068			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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			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 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: 				8-07-07				291-0880
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>				