2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001525

Entity Name: GENERAL VICE AGENCY CORPORATION

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2763 LIGHTHOUSE COVE ROAD 6-108 ORANGE CITY, FL 32763 **Current Mailing Address: New Mailing Address:** 2763 LIGHTHOUSE COVE ROAD 6-108 ORANGE CITY, FL 32763 FEI Number: 06-1836006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ASHERS, GEORGE V JR 3177 OVÉRDALE STREET DELTONA, FL 32738 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ASHERS, PATRICIA I Name: Name: 3177 OVERDALE STREET Address: Address: DELTONA, FL 32738 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition ASHERS, ELVIRA V Name: ASHERS, GEORGE V Name: Address: 1479 E NORMANDY Address: 3177 OVERDALE ST. City-St-Zip: DELTONA, FL 32725 City-St-Zip: DELTONA, FL 32738 Title: () Delete Title: (X) Change () Addition ASHERS, GEORGE V ASHERS, SHANIQUE V Name: Name: 3177 OVERDALE STREET 944 REGATTA BAY DRIVE Address: Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: ORANGE CITY, FL 32763 Title: DS () Delete Title: DPM (X) Change () Addition Name: ASHERS, SHANIQUE V Name: KIMMY, BROWN Address: 944 REGATTA BAY DRIVE Address: 83 E.35TH ST. City-St-Zip: ORNAGE CITY, FL 32763 City-St-Zip: BROOKLYN, NY 11203 Title: () Delete Title: () Change (X) Addition TOWNES, DEBRA Name: Name: 300 COURT ST. Address: Address: City-St-Zip: City-St-Zip: BROOKLYN, NY 11231 Title: () Delete Title: () Change (X) Addition LAVALAS, MICHELLE Name: Name: Address: Address: 1939 VIENNA AVE DELTONA, FL 32725 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA ASHERS DP 01/16/2009