2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

· ·	ANNUAL F	EPORT (AR	1)	FILED
DOCUMENT # P0000054125  1. Entity Name				Feb 17, 2005 08:00 AM
VPS HOLDING, INC.				Secretary of State
Principal Plac	ce of Business	Mailing Address		<del>1</del> ·
9645 LANTANA ROAD LAKE WORTH FL 33467		P.O. BOX 542503 LAKEWORTH FL 3349	54-2503	
. <b>.</b>				: 1101/1044 TJ. 001/12 004/1 00/12 004/4 00/12 00/14 00/12 01/14 00/14 1/10/14 1/10/14 1/10/14 1/10/14 1/10/14
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc. Suite, Apt. #, etc.				1st MOORE CR2E034 (10/04)
City & Stat	te	City & State		4. FEI Number 65-1037906 Applied For Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
SADOFSKI, MICHAEL J 9645 LANTANA ROAD				(P.O. Box Number is Not Acceptable)
LAR	(E WORTH FL 33467		City	FL Zip Code
9. The above	named entity submits this statement	or the number of changing its	e registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
	tions of registered agent,			(
SIGNATURE.	Signature, typed or printed name of registered ages	t and title if applicable (NOT	E Registered Agent signature require	d when reinstating) DATE
F	ILE NOW!!! FEE IS \$150.00			A Florida Commission Francisco FE 00 vs.
After	May 1, 2005 Fee Will Be \$550.0			9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees
<u> </u>	k Payable to Florida Department	· · · · · · · · · · · · · · · · · · ·	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10. TITLE	PSTD	Delete	TITLE	ADDITIONS/CHANGES TO OFFICEAS AND DIRECTORS IN T
NAME	SADOFSKI, MICHAEL J		NAME	
STREET ADDRESS	P.O. BOX 542503		STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL 33454-2503		CITY - ST - ZIP	Dot [7] 1,100
TITLE NAME		☐ Delete	) TITLE NAME	LINNOFIN232561 □ Change □ A.VIIII 02/17/05-80007-019 150.00
STREET ADDRESS			STREET ADDRESS	U2/17/U5-80007-019 150.00
CITY - ST - ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	Change Addition
NAME Street address			NAME STREET ADDRESS	
CITY-ST-ZIP		*	CITY ST ZIP	
11111		Deiete	TITI E	☐ Change ☐ Addition
NAME	`	•	NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-SY-ZIP			CITY-ST-ZIP	☐ Change ☐ Aiti"
TITLE NAME		☐ Defete	TITLE	☐ Change ☐ Add""
STREET ADDRESS	!		STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ A.i.'''
NAME STREET ADDRESS		1	NAME STREET ADDRESS	
CITY-ST-ZIP		//	CITY-ST-ZIP	
	certify that the information supplied wi	h this filing does not qualify fo		ection 119.07(3)(i), Florida Statutes. I further certify that the information
indicated of the cor changed	on this report or supplemental report reporation or the receiver or trustee son , or on an attachment with an eccless	is true and accurate and that powered to execute this report with all other like employed	my signature shall have the bas required by Chapter 60 HAEL J. SAD	ection 119.07(3)(1), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or direct. 7, Florida Statutes, and that my name appears in Block 10 or Block 11

SIGN TURE AND PEPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_