

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jun 14, 2004 08:00 AM

Secretary of State

DOCUMENT # P00000073632

1. Entity Name
VIBRAGUARD CORP.



Principal Place of Business
**507 DESIREE DRIVE
BRANDON, FL 33511**

Mailing Address
**507 DESIREE DRIVE
BRANDON, FL 33511-6840**



06112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3757848

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KORTE, DONALD N
507 DESIREE DRIVE
BRANDON, FL 33511**

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHATTIN, JESSE
STREET ADDRESS	7201 S. 49TH AVE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	V
NAME	KORTE, DONALD N
STREET ADDRESS	507 DESIREE DRIVE
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	S
NAME	CONNER, THOMAS P
STREET ADDRESS	4507 VASCONIA ST
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	T
NAME	MARTIN, FREDERICK J
STREET ADDRESS	2323 VALRICO FOREST DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	O
NAME	RIDGEWAY, DANIEL
STREET ADDRESS	19501 PINE VALLEY DRIVE
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	O
NAME	HINKEL, RANDEL
STREET ADDRESS	14103 N. MCINTOSH ROAD
CITY-ST-ZIP	THONOTOSASSA, FL 33592

U000000162522
06/14/04-80002-003 550.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

6-11-04 813-689-8129