

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90476 001 ***150.00
04-24-2006 90476 002 *****8.75

66011283



04132006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000002501 1. Entity Name VRJ CONTRACTORS, INC.					
Principal Place of Business 844 PATRIOTS POINT DR OCOE, FL 34761			Mailing Address 844 PATRIOTS POINT DR OCOE, FL 34761		
2. Principal Place of Business 4333 SILVER STAR RD Suite, Apt. #, etc.		3. Mailing Address 4333 SILVER STAR RD Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">66011283</div>	
City & State ORLANDO, FL		City & State ORLANDO, FL			
Zip 32808		Zip 32808			
Country ORANGE		Country ORANGE			
4. FEI Number 59-3689623				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">66011283</div>	
6. Name and Address of Current Registered Agent GONCALVES, VANDERLEI 2090 RIVER PARK BLVD ORLANDO, FL 32817					
7. Name and Address of New Registered Agent Name GONCALVES, VANDERLEI Street Address (P.O. Box Number is Not Acceptable) 5245 TILDES GROVE BLVD City WINDERMERE FL Zip Code 34785					
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: <u><i>Rosilene C. Gonçalves</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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		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.			
TITLE P NAME GONCALVES, VANDERLEI STREET ADDRESS 844 PATRIOTS POINT DR. CITY-ST-ZIP OCOE, FL 34761		TITLE P NAME GONCALVES, VANDERLEI STREET ADDRESS 5245 TILDES GROVE BLVD CITY-ST-ZIP WINDERMERE, FL 34785		TITLE ST NAME GONCALVES, ROSILENE C STREET ADDRESS 2090 RIVER PARK BLVD CITY-ST-ZIP ORLANDO, FL 32817	
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