


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000006229 1. Entity Name VLW PROPERTIES, INC.	
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Principal Place of Business 1136 HATTERAS CIR WEST PALM BEACH, FL 33413	Mailing Address PO BOX 15553 WEST PALM BEACH, FL 33416-5553
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01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1075214	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCARTHY, JAMES P
1136 HATTERAS CIR
WEST PALM BEACH, FL 33413

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCARTHY, JAMES 1136 HATTERAS CIR WEST PALM BEACH, FL 33413
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCCARTHY, AMY PO BOX 15553 WEST PALM BEACH, FL 334165553
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MCCARTHY, REBECCA 1136 HATTERAS CIR WEST PALM BEACH, FL 33413
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1000000205383
01/31/05-80042-021 150.00

**DO NOT WRITE
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:  1-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #