


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000031063	
1. Entity Name VPI REFERRAL SERVICES, INC.	

Principal Place of Business 75 VINEYARDS BLVD., THIRD FLOOR NAPLES, FL 34119	Mailing Address 75 VINEYARDS BLVD., THIRD FLOOR NAPLES, FL 34119
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07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3722012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PROCACCI, MARIA 75 VINEYARDS BLVD., THIRD FLOOR NAPLES, FL 34119	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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**

U00000168179
07/26/04-80003-010 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCACCI, MICHAEL 98 VINEYARDS BOULEVARD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCACCI, JOSEPH 98 VINEYARDS BOULEVARD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PROCACCI, MARIA 100 VINEYARDS BOULEVARD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCACCI, MARIA 100 VINEYARDS BOULEVARD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-04 (239) 353-3393
Date Daytime Phone #