

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90415 029 \*\*\*150.00

DOCUMENT # P01000021424

1. Entity Name  
VSG CORP.



Principal Place of Business  
3188 LAKE WASHINGTON RD.  
MELBOURNE, FL 32934 US

Mailing Address  
1850 W FAIRBANKS AVE.  
STE. B  
WINTER PARK, FL 32789 US

2. Principal Place of Business  
1155 Malabar Rd. NE

3. Mailing Address  
1850 W. Fairbanks Ave.

Suite, Apt. #, etc.  
Suite 14

Suite, Apt. #, etc.  
Suite B

City & State  
Palm Bay, FL

City & State  
Winter Park, FL

Zip  
32907

Country  
USA

Zip  
32789

Country

01272006 Chg-P CR2E034 (11/05)

4. FEI Number  
59-3703530

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

DYER, DAVID W  
325 FIFTH AVENUE  
SUITE 205  
INDIALANTIC, FL 32903

## 7. Name and Address of New Registered Agent

Name Sergio Von Schmeling  
Street Address (P.O. Box Number is Not Acceptable)  
1850 W. Fairbanks Ave.  
Suite B  
City Winter Park FL Zip Code 32789

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 reinstating)

03/27/06

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME VON SCHMELING, SERGIO  
STREET ADDRESS 1680 OAKHURST AVE  
CITY-ST-ZIP WINTER PARK, FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/2006 407-740-6747

Date

Daytime Phone #