

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90209 032 \*\*\*150.00

**DOCUMENT # P01000023477**

1. Entity Name  
**VIKING PROTECTIVE GROUP, INC.**



Principal Place of Business  
**709A BROOKHAVEN DRIVE  
 ORLANDO, FL 32803**

Mailing Address  
**709A BROOKHAVEN DRIVE  
 ORLANDO, FL 32803**

**14009719**

2. Principal Place of Business  
**1154 SOLANA AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1154 SOLANA AVENUE**  
 Suite, Apt. #, etc.



04232004 Chg-P CR2E034 (10/03)

City & State  
**WINTER PARK, FL**

City & State  
**WINTER PARK, FL**

Zip  
**32789** Country  
**USA**

Zip  
**32789** Country  
**USA**

4. FEI Number  
**59-3746731**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**BANKER, NICOLE J  
 709-A BROOKHAVEN DRIVE  
 ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name  
**BANKER, NICOLE J**

Street Address (P.O. Box Number is Not Acceptable)  
**1154 SOLANA AVENUE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 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	DP <input type="checkbox"/> Delete BANKER, NICOLE J 709-A BROOKHAVEN DRIVE ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BANKER, NICOLE J. 1154 SOLANA AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nicole Banker* \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #