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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAR 14 PM 3:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA
50021135

DOCUMENT # P01000036613

1. Entity Name
VENDOR'S CHOICE, INC.
VENDORS CHOICE INC.

Principal Place of Business	Mailing Address
930 BRITT CT STE #126 ALTAMONTE SPRINGS, FL 32701	930 BRITT CT STE #126 ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3713574
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAIKH, GAYLE E
550 TIBERON COVE RD
LONGWOOD, FL 32750

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 name changed)

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	P
NAME	SHAIKH, GAYLE E
STREET ADDRESS	550 TIBERON COVE RD
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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3/3/14

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: Gayle E Shaikh 1/20/05 407-830-709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #