

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90042 041 ***158.75

DOCUMENT # P02000015977

1. Entity Name
VAUGHN CONTRACTING GROUP, INC.



Principal Place of Business
**740 FLORIDA CENTRAL PARKWAY
SUITE 1028
LONGWOOD, FL 32750**

Mailing Address
**740 FLORIDA CENTRAL PARKWAY
SUITE 1028
LONGWOOD, FL 32750**

40000384



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

01032008 Chg-P CR2E034 (12/06)

4. FEI Number
75-3012292

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**VAUGHN, JOHN M
1203 WINDING CHASE BLVD
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent
Name **VAUGHN, JOHN M**
Street Address (P.O. Box Number is Not Acceptable)
1071 BLACK ACRE TRAIL
City **WINTER SPRINGS** FL Zip Code **32708**

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 *John M. Vaughn* **JOHN M. VAUGHN PRESIDENT** 1/3/2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, JOHN M 1203 WINDING CHASE BLVD WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, JOHN M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1203 WINDING CHASE BLVD 1071 BLACK ACRE TRAIL WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAUGHN, DONALD G 1821 CARILLON PARK DRIVE OVIEDO, FL 327655148 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: *Donald G. Vaughn* **DONALD G. VAUGHN SECRETARY** 1/3/08 407-339-0627
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #