

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033741

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: VERSALUTIONS, INC.

**Current Principal Place of Business:**

12269 CASHEROS COVE DRIVE SS.  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

12269 CASHEROS COVE DRIVE SS.  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 01-0651305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEVENS, JOHN P CPA  
C/O STEVENS, POWELL & COMPANY, P.A.  
8382 BAYMEADOWS ROAD, SUITE 2  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RADER, ROBERT EUGENE  
Address: 12269 CASHEROS COVE DRIVE SS.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: RADER, RYAN KEITH  
Address: 12269 CASHEROS COVE DRIVE SS.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D (X) Delete  
Name: GILBERTSEN, MICHAEL  
Address: 12269 CASHEROS COVE DRIVE SS.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: ROUNDTREE, NORMAN GAYLE  
Address: 12269 CASHEROS COVE DRIVE SS.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete  
Name: MCKINNEY, BILLY GENE II  
Address: 12269 CASHEROS COVE DRIVE SS.  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT EUGENE RADER

D

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date