

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000041605

Entity Name: VCB TOWN HOUSE, INC.

FILED
Oct 20, 2004
Secretary of State

Current Principal Place of Business:

104 S HWY 41
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

104 S HWY 41
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 02-0628862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHLUMBERGER, ROBERT
6220 W CORPORATE OAKS DR
CRYSTAL RIVER, FL 34429 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BERGMANN, VOLKER
Address: 808 MAGNOLIA AVENUE
City-St-Zip: INVERNESS, FL 34452

Title: D () Delete
Name: BERGMANN, CLAUDIA
Address: 808 MAGNOLIA AVENUE
City-St-Zip: INVERNESS, FL 34452

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 SCHLUMBERGER

RA

10/20/2004

Electronic Signature of Signing Officer or Director

Date