

FILED  
Apr 12, 2006 8:00 am  
Secretary of State

04-12-2006 90100 048 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000041605

1. Entity Name  
VCB TOWN HOUSE, INC.



Principal Place of Business  
104 S HWY 41  
INVERNESS, FL 34450

Mailing Address  
104 S HWY 41  
INVERNESS, FL 34450

50011127



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

9607 E SOUTHGATE DR

04102006

Chg-P

CR2E034 (11/05)

City & State

City & State

INVERNESS, FL

4. FEI Number

02-0628862

Applied For

Not Applicable

Zip

Country

Zip

Country

34450

CITRUS

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
WILLIAMS, MCCRAINE, WARDLOW & CASH, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
450 PLEASANT GROVE RD

City  
INVERNESS

FL

Zip Code  
34450

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

*C. Bergmann* CLAUDIA BERGMANN

04/10/06

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, 2006 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  
D  
BERGMANN, VOLKER  
9607 E. SOUTHGATE DR  
INVERNESS, FL 34450 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BERGMANN, CLAUDIA  
9607 E. SOUTHGATE DR  
INVERNESS, FL 34450 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: *C. Bergmann* CLAUDIA BERGMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/10/06

Date

352-726-2462

Daytime Phone #