


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

|   |                                    |                                 |   |   |          |
|---|------------------------------------|---------------------------------|---|---|----------|
| <b>DOCUMENT # P02000044008</b>  |                                    |                                 |   |  |          |
| 1. Entity Name<br>VT HOLDINGS, INC.   |                                    |                                 |   |   |          |
| Principal Place of Business<br>3200 TAMiami TRAIL NORTH<br>SUITE 200<br>NAPLES, FL 34103  |                                    |                                 | Mailing Address<br>3200 TAMiami TRAIL NORTH<br>SUITE 200<br>NAPLES, FL 34103  |   |          |
| 2. Principal Place of Business  |                                    |                                 | 3. Mailing Address  |   |          |
| Suite, Apt. #, etc.   |                                    |                                 | Suite, Apt. #, etc.   |   |          |
| City & State  |                                    |                                 | City & State  |   |          |
| Zip   | Country                            | Zip                             | Country   |   |          |
| 6. Name and Address of Current Registered Agent   |                                    |                                 | 7. Name and Address of New Registered Agent   |   |          |
| WOODWARD, MARK J<br>3200 TAMiami TRAIL NORTH<br>SUITE 200<br>NAPLES, FL 34103   |                                    |                                 | Name  |   |          |
|   |                                    |                                 | Street Address (P.O. Box Number is Not Acceptable)  |   |          |
|   |                                    |                                 |   |   |          |
|   |                                    |                                 | City  | FL  | Zip Code |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                    |                                 |   |   |          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                                    |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |          |
| 10. OFFICERS AND DIRECTORS  |                                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |          |
| TITLE   | DP                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME  | FERRAO, AUBREY J                   |                                 | NAME  |   |          |
| STREET ADDRESS  | 3470 CLUB CENTER BLVD.             |                                 | STREET ADDRESS  |   |          |
| CITY - ST - ZIP   | NAPLES, FL 34114                   |                                 | CITY - ST - ZIP   |   |          |
| TITLE   | VPD                                | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME  | DINARDO, ANTHONY                   |                                 | NAME  |   |          |
| STREET ADDRESS  | 3470 CLUB CENTER BLVD              |                                 | STREET ADDRESS  |   |          |
| CITY - ST - ZIP   | NAPLES, FL 34114                   |                                 | CITY - ST - ZIP   |   |          |
| TITLE   | DS                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME  | WOODWARD, MARK J                   |                                 | NAME  |   |          |
| STREET ADDRESS  | 3200 TAMiami TRAIL NORTH, STE. 200 |                                 | STREET ADDRESS  |   |          |
| CITY - ST - ZIP   | NAPLES, FL 34103                   |                                 | CITY - ST - ZIP   |   |          |
| TITLE   | TD                                 | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME  | PARISI, JOSEPH L                   |                                 | NAME  |   |          |
| STREET ADDRESS  | 3470 CLUB CENTER BLVD              |                                 | STREET ADDRESS  |   |          |
| CITY - ST - ZIP   | NAPLES, FL 34114                   |                                 | CITY - ST - ZIP   |   |          |
| TITLE   |                                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME  |                                    |                                 | NAME  |   |          |
| STREET ADDRESS  |                                    |                                 | STREET ADDRESS  |   |          |
| CITY - ST - ZIP   |                                    |                                 | CITY - ST - ZIP   |   |          |
| TITLE   |                                    | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |          |
| NAME  |                                    |                                 | NAME  |   |          |
| STREET ADDRESS  |                                    |                                 | STREET ADDRESS  |   |          |
| CITY - ST - ZIP   |                                    |                                 | CITY - ST - ZIP   |   |          |
| 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: _____  |                                    |                                 | 4/13/05 (239) 732-9400<br>Date Daytime Phone #  |   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                    |                                 | Director  |   |          |



01112005 Chg-P CR2E034 (10/03)

4. FEI Number **04-3668896** Applied For ☐ Not Applicable ☐

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

U00000339559  
04/28/05-80082-002 158.75