

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90013 010 ***550.00

DOCUMENT # P02000085314

1. Entity Name
VELOCITY VAN LINES, INC.



Principal Place of Business
**6430 EARTHGOLD DR
WINDERMERE, FL 34786 US**

Mailing Address
**PO BOX 784192
WINTER GARDEN, FL 34778-4192**



2. Principal Place of Business
12446 W. Colonial Dr.
Suite, Apt. #, etc.

3. Mailing Address
12446 W. Colonial Dr.
Suite, Apt. #, etc.

07262004 Chg-P CR2E034 (10/03)

City & State
Winter Garden, FL
Zip
34787 Country
USA

City & State
Winter Garden, FL
Zip
34787 Country
USA

4. FEI Number
41-2053853 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DEMAN, KEVIN
6430 EARTHGOLD DR
WINDERMERE, FL 34786**

7. Name and Address of New Registered Agent

Name
Kevin Demant
Street Address (P.O. Box Number is Not Acceptable)
12446 W. Colonial Dr.
City
Winter Garden FL Zip Code
34787

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

Signature, typed or printed name of registered agent and title if applicable.

Rinat Demant

(NOTE: Registered Agent signature required when reinstating)

7/26/04

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DEMAN, KEVIN S	
STREET ADDRESS	6430 EARTHGOLD DR	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DEMAN, RINAT	
STREET ADDRESS	6430 EARTHGOLD DR	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DEMAN, MARC	
STREET ADDRESS	6430 EARTHGOLD DR	
CITY-ST-ZIP	WINDERMERE, FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Demant Kevin	
STREET ADDRESS	12446 W. Colonial Dr.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Demant Rinat	
STREET ADDRESS	12446 W. Colonial Dr.	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Rinat Demant

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/04

DATE

(407) 877-2352

Daytime Phone #