2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000089178

1. Entity Name
VNS INDUSTRIES, INC.

REINSTATEMENT 05

T. Roberts NOV 09 2005

Principal Place of Business	Mailing Address
129 49TH ST HOLMES BEACH, FL 34217	129 49TH ST HOLMES BEACH, FL 34217

09132005 No Chg-P CR2E034 (10/03)

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4. FEI Number
27-0032162

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VIENS, DAVID
129 49TH ST
HOLMES BEACH, FL 34217

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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: DAVID R. VIENS (Signature, typed or printed name of registered agent and title if applicable) (DATE: Registered Agent signature is required when reinstating) DATE: 10/13/05

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VIENS, DAVID
STREET ADDRESS	129 49TH ST
CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	D
NAME	VIENS, DAWN
STREET ADDRESS	129 49TH ST
CITY-ST-ZIP	HOLMES BEACH, FL 34217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600006189846
10/03/05--01070--003 **158.75

500006148235
11/15/05--01070--021 **600.00

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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: David R Viens 9/13/05 863 763 8080
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

DAWN M. VIENS / DAVID R. VIENS