

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2004 8:00 am
Secretary of State

04-06-2004 90020 050 ***150.00

DOCUMENT # P02000095492

1. Entity Name
VGI BUILDING, INC.



Principal Place of Business
34 INDUSTRIAL LOOP NORTH
SUITE 195
ORANGE PARK, FL 32073

Mailing Address
34 INDUSTRIAL LOOP NORTH
SUITE 195
ORANGE PARK, FL 32073

34010000



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1846095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDER, JERRY L JR.
34 INDUSTRIAL LOOP NORTH
SUITE 195
ORANGE PARK, FL 32073

**DO NOT WRITE
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LINDER, JERRY L JR.
STREET ADDRESS	34 INDUSTRIAL LOOP NORTH #195
CITY-ST-ZIP	ORANGE PARK, FL 32073

TITLE	D
NAME	ATKERSON, CHARLES F JR.
STREET ADDRESS	9471 BAYMEADOWS ROAD #403
CITY-ST-ZIP	JACKSONVILLE, FL 32256

TITLE	D
NAME	SILVERFIELD, GARY D
STREET ADDRESS	4141 SOUTHPOINTE DRIVE E #B
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 904-278-5555
Date Daytime Phone #