


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000095492</b> 1. Entity Name VGI BUILDING, INC.	
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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
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03292005 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, 2005 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 SOUTHPONTE DRIVE E #B
CITY- ST- ZIP	JACKSONVILLE, FL 32216
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

000000280221  
03/30/05-80011-002 150.00

**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

3/29/05 904-278-5555  
Date Daytime Phone #