



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000095492</b> 1. Entity Name <b>VGI BUILDING, INC.</b>	
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Principal Place of Business <b>1300 C R 210 WEST JACKSONVILLE, FL 32259</b>	Mailing Address <b>1300 C R 210 WEST JACKSONVILLE, FL 32259</b>
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**DO NOT WRITE IN THIS SPACE**



01282008    No Chg-P    CR2E034 (11/05)

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

<b>6. Name and Address of Current Registered Agent</b>  <b>LINDER, JERRY L JR. 1300 C R 210 WEST JACKSONVILLE, FL 32259</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

DATE \_\_\_\_\_

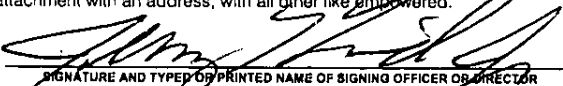
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LINDER, JERRY L JR.
STREET ADDRESS	1300 C R 210 WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	D
NAME	ATKERSON, CHARLES F JR.
STREET ADDRESS	8833 PERIMETER PARK BLVD #1104
CITY-ST-ZIP	JACKSONVILLE, FL 32216
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	

**DO NOT WRITE  
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02/05/08-80055-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**1/28/08**    **904-208-5555**  
Date    Daytime Phone #