2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P02000096508 03-02-2005 90077 014 ***150.00 1. Entity Name 2VHL PROMOTIONS, INC. Principal Place of Business Mailing Address 20017737 6311 BURTS RD. 6311 BURTS RD. TAMPA, FL 33619 **TAMPA, FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 30-0108696 Not Applicable Country Zíp Zip __ Country \$8.75 Additional 5. Certificate of Status Desired \Box 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VARNADORE, AL 3311 S FORBES RD Street Address (P.O. Box Number is Not Acceptable) **DOVER, FL 33527** City Zip Code FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME VARNADORE, AL NAME STREET ADDRESS 3311 S FORBES RD STREET ADDRESS CITY-ST-ZIP **DOVER, FL 33527** CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change Addition HUTTO, TODD NAME NAME STREET ADDRESS 201 ESSARY ST STREET ADDRESS CITY-ST-7IP AUBURNDALE, FL 33823 CITY-ST-7/P TITLE ☐ Defete TITLE ☐ Change ☐ Addition VARNADORE, DEAN-NAME NAME STREET ADDRESS 3216 S FORBES RD STREET ADDRESS CITY-ST-ZIP **DOVER, FL 33527** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME LAY, FRED NAME STREET ADDRESS 2818 BRYAN RD STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME 67 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empawared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ke empowered.

SIGNING OFFICER OR DIRECTOR

NO TYPED OR PRINTED NAME OF

changed, or on an attachm

SIGNATURE:

FILED

Mar 02, 2005 8:00 am