


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000103477</b>	
1. Entity Name VSN, INC.	

Principal Place of Business 110 NORTH NEKOMA AVENUE LAKE ALFRED, FL 33850	Mailing Address 110 NORTH NEKOMA AVENUE LAKE ALFRED, FL 33850
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DO NOT WRITE IN THIS SPACE



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-2085068	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  SIMPSON, SAMUEL E 110 NORTH NEKOMA AVENUE LAKE ALFRED, FL 33850
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCENT, ROBERT M 3576 RAVINWOOD COURT COMMERCE TOWNSHIP, MI 48382
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMPSON, SAMUEL E 110 NORTH NEKOMA AVENUE LAKE ALFRED, FL 33850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VINCENT, DAVID J 48845 WEST RD WIXOM, MI 483930301
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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.

<b>SIGNATURE:</b> 	David J. Vincent	7/18/05	248-348-4920
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>