

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000103477

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



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2085068

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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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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, 2008 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	VINCENT, ROBERT M
STREET ADDRESS	3576 RAVINWOOD COURT
CITY-ST-ZIP	COMMERCE TOWNSHIP, MI 48382
TITLE	PD
NAME	SIMPSON, SAMUEL E
STREET ADDRESS	110 NORTH NEKOMA AVENUE
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	STD
NAME	VINCENT, DAVID J
STREET ADDRESS	48845 WEST RD
CITY-ST-ZIP	WIXOM, MI 483930301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/08-80067-005 150.00

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IN THIS SPACE**

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

1-17-2007 248-348-4420
Date Daytime Phone #