


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90003 043 ***158.75

DOCUMENT # P02000124912					
1. Entity Name V & T ENTERPRISES, INC.					
Principal Place of Business 2169 BRUBECK RD. NORTH PORT, FL 34287			Mailing Address 6616 PONCE DELEON BLVD NORTH PORT, FL 34286		
2. Principal Place of Business <i>6616 Ponce De Leon Blv</i>		3. Mailing Address			
Suite, Apt. #, etc. <i>North Port, FL,</i>		Suite, Apt. #, etc.			
City & State		City & State		02042004 Chg-P CR2E034 (10/03)	
Zip <i>34286</i>		Country <i>SARASOTA</i>		4. FEI Number 56-2306036	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BUGAYER, ANATOLIY 2164 BRUBECK RD. NORTH PORT, FL 34286			7. Name and Address of New Registered Agent Name <i>Victor Marchuk</i> Street Address (P.O. Box Number is Not Acceptable) <i>6616 Ponce De Leon Blv.</i> City <i>North Port</i> FL <i>34286</i>		
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: <i>Victor Marchuk</i> DATE: <i>02.04.04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHUK, VICTOR M 6616 PONCE DELEON BLVD NORTH PORT, FL 34286	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCHUK, Victor M. 6616 Ponce De Leon Blv. North Port, FL, 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHUK, VITALY V 6616 PONCE DE LEON BLVD. NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vasiliy Shmachin 6616 Ponce De Leon Blv. North Port, FL, 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUGAYER, ANATOLIY A 2164 BRUBECK RD. NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pavel Kleban'sky 2743 Strawberry Terry North Port, FL, 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUGAYER, ANDREY A 2164 BRUBECK RD. NORTH PORT, FL 34287	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tatyana Marchuk 6616 Ponce De Leon Blv. North Port, FL, 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASILY, SHMONHIN 6616 PONCE DE LEON BLVD. NORTH PORT, FL 34286	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Giuseppe Marchuk 6616 Ponce De Leon Blv. North Port, FL, 34286	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUGAYER, INNA V 2164 BRUBECK RD. NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Victor Marchuk</i>			02.04.04 (941)-8151327 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					