

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000124912

1. Entity Name
V & T ENTERPRISES, INC.



Principal Place of Business
6616 PONCE DE LEON BLVD
NORTH PORT, FL 34286

Mailing Address
6616 PONCE DELEON BLVD
NORTH PORT, FL 34286

FILED
06 FEB -3 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01052006 No Chg-P CR2E034 (11/05)

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4. FEI Number
56-2306036
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCHUK, VICTOR
6616 PONCE DE LEON BLVD.
NORTH PORT, FL 34286

**DO NOT WRITE
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHUK, VICTOR M 6616 PONCE DE LEON BLVD NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHUK, TATYANA 6616 PONCE DE LEON BLVD. NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCHUK, GUISEPPE 6616 PONCE DE LEON BLVD. NORTH PORT, FL 34286
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T. Roberts FEB 0 7 2006

**DO NOT WRITE
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:

Victor Marchuk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/06 (941)-426-2358

Date

Daytime Phone #