

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90212 039 ***150.00

DOCUMENT # P02000129810 1. Entity Name V-TEK SERVICES, INC.			
Principal Place of Business 151 GRANDVIEW DR 180 BILOXI, MS 39531-4739		Mailing Address 151 GRANDVIEW DR 180 BILOXI, MS 39531-4739	
2. Principal Place of Business 800 Whispering Cir. Suite, Apt. #, etc. # 1		3. Mailing Address 800 Whispering Cir. Suite, Apt. #, etc. # 1	
City & State St. Augustine		City & State St. Augustine	
Zip FL 32084 Country		Zip FL 32084 Country	
4. FEI Number 55-0808282		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BIERNACKI, WIKTOR 2477 STINCKNEY PT RD 117 B SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name WIKTOR BIERNACKI Street Address (P.O. Box Number is Not Acceptable) 800 Whispering Cir. #1 City St. Augustine FL Zip Code 32084	
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: <u><i>W. Biernacki</i></u> (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. <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	DP BIERNACKI, WIKTOR 151 GRANDE VIEW DRIVE #180 BILOXI, MS 39531	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>W. Biernacki</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WIKTOR BIERNACKI	
Date 04/21/06		Daytime Phone # 904 3154005	