

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000012681

1. Entity Name

VICTORY ILLUSTRATED CO.



Principal Place of Business

2035 TIGRIS DR
WEST PALM BEACH, FL 33411

Mailing Address

2035 TIGRIS DR
WEST PALM BEACH, FL 33411



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number

54-2093831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMMES, JASEN W
2035 TIGRIS DR
WEST PALM BEACH, FL 44311

**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] VP

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when re-registering.)

DATE

3/14/06

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

000000471213
03/28/06-80045-003 150.00

10. OFFICERS AND DIRECTORS

TITLE V
NAME HAMMES, JASEN W
STREET ADDRESS 2035 TIGRIS DR
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE P
NAME HAMMES, EMILIA
STREET ADDRESS 2035 TIGRIS DR
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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] VP

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

3/14/06 (561)906-0204