

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 22 AM 7:53

DOCUMENT # P03000015185



1. Entity Name  
THE VANDERSLOIS CORPORATION

Principal Place of Business  
2600 NE SABAL PALM WAY  
JENSEN BEACH, FL 34957

mailing Address  
2600 NE SABAL PALM WAY  
JENSEN BEACH, FL 34957

000059870030  
09/22/05--01034--014 \*\*150.00



07052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0159927 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANDERSLOIS, ANN MARIE  
2600 NE SABAL PALM WAY  
JENSEN BEACH, FL 34957

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANDERSLOIS, ANN MARIE 2600 N E SABAL PALM WAY JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VANDERSLOIS, STEVE 2600 NE SABAL PALM WAY JENSEN BEACH, FL 34957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Ann Marie Vanderslois Ann Marie Vanderslois Date 9/15/05 772-232-9202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #