

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90221 026 ***150.00

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03252005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000018019 1. Entity Name VENDOR PROMOTIONS, INC.			
Principal Place of Business 2861 EXECUTIVE DRIVE SUITE 200 CLEARWATER, FL 33762		Mailing Address 2861 EXECUTIVE DRIVE SUITE 200 CLEARWATER, FL 33762	
2. Principal Place of Business 26750 HS Hwy 19 N. Suite 550 Clearwater, FL 33761 USA		3. Mailing Address 26750 HS Hwy 19 N. Suite 550 Clearwater, FL 33761 USA	
4. FEI Number 75-3102110		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 DARST, CHARLES R 2861 EXECUTIVE DRIVE SUITE 200 CLEARWATER, FL 33762	
7. Name and Address of New Registered Agent Name DARST, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 26750 HS Hwy 19 N. Suite 550 City Clearwater FL 33761		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 Charles R. Darst 4-12-05 <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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: PD <input type="checkbox"/> Delete NAME: DARST, CHARLES R STREET ADDRESS: 734 WEEDON DRIVE, NE CITY-ST-ZIP: SAINT PETERSBURG, FL 33702	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: SD <input type="checkbox"/> Delete NAME: GLAUS, BRYAN C STREET ADDRESS: 901 VIRGINA AVENUE CITY-ST-ZIP: TARPON SPRINGS, FL 34689	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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: Charles R. Darst <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/12/05 791-6440 <small>Date Daytime Phone #</small>	