

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031664

FILED
Apr 18, 2005
Secretary of State

Entity Name: VIRGINIA HEIGHTS DEVELOPMENT, INC.

Current Principal Place of Business:

1816 S MILLS AVE
ORLANDO, FL 32806

New Principal Place of Business:

5230 ST. REGIS PL
ORLANDO, FL 32812

Current Mailing Address:

1816 S MILLS AVE
ORLANDO, FL 32806

New Mailing Address:

5230 ST. REGIS PL
ORLANDO, FL 32812

FEI Number: 56-2336902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POCOCK, JOHN
1816 S MILLS AVE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

POCOCK, JOHN
5230 ST. REGIS PL
ORLANDO, FL 32812 US

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.

SIGNATURE: JOHN POCOCK

04/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: DAVIS, GARY
Address: 1816 S MILLS AVE
City-St-Zip: ORLANDO, FL 32806

Title: DV () Delete
Name: POCOCK, JOHN
Address: 100 DORCHESTER ST
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: COLLINS, ROBERT
Address: 1816 S MILLS AVE
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: DAVIS, GARY
Address: 5230 ST. REGIS PL
City-St-Zip: ORLANDO, FL 32812

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY E DAVIS

DPT

04/18/2005

Electronic Signature of Signing Officer or Director

Date