2004 FOR PROFIT CORPOFATION ANNUAL REPORT (AR)

FILED Aug 16, 2004 8:00 am Secretary of State

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17/184 SE SIGNO YONDEL CIRCLE 17/184 SE SIGNO YONDEL CIRCL	V.FAB.CO), INC.							
THE VILLAGES FL 32/162 THE VI	Principal Place	e of Business	"Mailing Address			·	00404080		٠.
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B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am ternitiar with, and so the obligations of registered agent. SIGNATURE SUPPLIE IN SPECIAL CONTROL THE ELE IS \$550,000 Supplied to protect name of registered agent and its is applicable. (MOTE Registered Agent separation request when request when recruiting in the State of Florida. I am ternitiar with, and so the corporation certifies it as to be supplied to the state of the state				Ì	City	·		7in Cod	
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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 Statules. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statules. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii).	Make Check 10. TITLE MAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	Payable to Florida Department of OFFICERS AND OFFICERS AND PD DOERSCHELN, VERNA 17184 SE 93RD YONDEL CIRCLE THE VILLAGES FL 32162 SD DOERSCHELN, FRED 17184 SE 93RD YONDEL CIRCLE THE VILLAGES FL 32162	tate fee. By check did not receive a did not rec	TILL TITLE TIT	E E E ADDRESS - ST-ZIP E E E E ADDRESS - ST-ZIP E E E E ADDRESS - ST-ZIP E E E ADDRESS - ST-ZIP E E E E ADDRESS - ST-ZIP	rporation certifies it le is \$150.00.	Trust Fund Contribution.	Adde	Addition Addition

Thereby certify that the instruction and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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: Verna G. Doerschele (VERNA C. DOERSCHELM) 7/28/04 (352) 750-1876