

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2006 8:00 am**  
**Secretary of State**

09-07-2006 90014 010 \*\*\*550.00

<b>DOCUMENT # P03000039574</b>			
<b>1. Entity Name</b> <b>V &amp; I MAINTENANCE CORP.</b>			
<b>Principal Place of Business</b> <b>ONE ALLTEL STADIUM PLACE</b> <b>JACKSONVILLE, FL 32202</b>		<b>Mailing Address</b> <b>1832 FORSTER DRIVE</b> <b>JACKSONVILLE, FL 32216</b>	
<b>2. Principal Place of Business</b> <b>1832 Foster Dr.</b>		<b>3. Mailing Address</b> <b>1832 FORSTER DRIVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> <b>Jacksonville, FL</b>		<b>City &amp; State</b> <b>JAX, FL 32216</b>	
<b>Zip</b> <b>32216</b>		<b>Country</b> <b>U.S.</b>	
<b>4. FEI Number</b> <b>32-0064998</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>HOFFMAN, KAREN</b> <b>ATTORNEY AT LAW</b> <b>334 2ND AVENUE N</b> <b>JACKSONVILLE BEACH, FL 32250</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
<b>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.</b>			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>TOLLESON, MARK</b> <b>1832 FOSTER DRIVE</b> <b>JACKSONVILLE, FL 32216</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> <i>Mark Tolleson</i>		<b>Mark Tolleson, CEO</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>9-05-06</b> Daytime Phone # <b>(904) 725-7761</b>	