


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-05-2006 90227 001 ***476.25

| | | | | | |
|--|------------------------------------|---|---|--|--|
| DOCUMENT # P03000050478 1. Entity Name V.M.J. DEVELOPMENT CORPORATION, INC. | | | |  | |
| Principal Place of Business 1818 MULBERRY WOOD CT ORLANDO FL 32818 | | | Mailing Address 1818 MULBERRY WOOD CT ORLANDO FL 32818 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 09-0076394 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MIMS, LYNDELL L 1818 MULBERRY WOOD CT ORLANDO FL 32818 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 reactivating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 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 | DP <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MIMS, LYNDELL L | NAME | | | |
| STREET ADDRESS | 1818 MULBERRY WOOD CT | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32818 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MIMS JACKSON, VERNELL M | NAME | | | |
| STREET ADDRESS | 6331 SW 56 ST | STREET ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE FL 32608 | CITY-ST-ZIP | | | |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MCGEE, JOHN | NAME | | | |
| STREET ADDRESS | 119 S PINE HILLS RD | STREET ADDRESS | | | |
| CITY-ST-ZIP | ORLANDO FL 32811 | CITY-ST-ZIP | | | |
| TITLE | S <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WILLIAMS, REGINA E | NAME | | | |
| STREET ADDRESS | 9224 52 ST | STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL 33617 | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. | | | | | |
| SIGNATURE: _____ | | Date 6-11-06 Daytime Phone # 407-298-6938 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |