


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90248 042 \*\*\*150.00

<b>DOCUMENT # P03000086267</b> 1. Entity Name VCS TECHNOLOGIES, INC.																																																																																																																													
Principal Place of Business 1601 SW 27TH AVENUE #105 OCALA, FL 34474			Mailing Address 1601 SW 27TH AVENUE #105 OCALA, FL 34474																																																																																																																										
2. Principal Place of Business			3. Mailing Address 5400 SW College Rd																																																																																																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc. Suite 302-52																																																																																																																										
City & State			City & State Ocala, FL																																																																																																																										
Zip		Country		Zip 34474																																																																																																																									
Country		Country Marion		4. FEI Number 02-0702099																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																																																																																																																									
6. Name and Address of Current Registered Agent  READY, TIMOTHY A 1601 SW 27TH AVENUE #105 OCALA, FL 34474			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">P</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>READY, TIMOTHY A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1601 SW 27TH AVE, #105</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34474</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>READY, TIMOTHY A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1601 SW 27TH AVE, #105</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34474</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TREA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOTTO, CHRISTINA F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7346 NW 44TH LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34482</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SEC</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOTTO, CHRISTINA F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7346 NW 44TH LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34482</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	<input type="checkbox"/> Delete	NAME	READY, TIMOTHY A		STREET ADDRESS	1601 SW 27TH AVE, #105		CITY-ST-ZIP	OCALA, FL 34474		TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	READY, TIMOTHY A		STREET ADDRESS	1601 SW 27TH AVE, #105		CITY-ST-ZIP	OCALA, FL 34474		TITLE	TREA	<input type="checkbox"/> Delete	NAME	BOTTO, CHRISTINA F		STREET ADDRESS	7346 NW 44TH LANE		CITY-ST-ZIP	OCALA, FL 34482		TITLE	SEC	<input type="checkbox"/> Delete	NAME	BOTTO, CHRISTINA F		STREET ADDRESS	7346 NW 44TH LANE		CITY-ST-ZIP	OCALA, FL 34482		TITLE		<input type="checkbox"/> Delete	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																																																																																																																											
NAME	READY, TIMOTHY A																																																																																																																												
STREET ADDRESS	1601 SW 27TH AVE, #105																																																																																																																												
CITY-ST-ZIP	OCALA, FL 34474																																																																																																																												
TITLE	VP	<input checked="" type="checkbox"/> Delete																																																																																																																											
NAME	READY, TIMOTHY A																																																																																																																												
STREET ADDRESS	1601 SW 27TH AVE, #105																																																																																																																												
CITY-ST-ZIP	OCALA, FL 34474																																																																																																																												
TITLE	TREA	<input type="checkbox"/> Delete																																																																																																																											
NAME	BOTTO, CHRISTINA F																																																																																																																												
STREET ADDRESS	7346 NW 44TH LANE																																																																																																																												
CITY-ST-ZIP	OCALA, FL 34482																																																																																																																												
TITLE	SEC	<input type="checkbox"/> Delete																																																																																																																											
NAME	BOTTO, CHRISTINA F																																																																																																																												
STREET ADDRESS	7346 NW 44TH LANE																																																																																																																												
CITY-ST-ZIP	OCALA, FL 34482																																																																																																																												
TITLE		<input type="checkbox"/> Delete																																																																																																																											
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"/> Change <input type="checkbox"/> Addition																																																																																																																											
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"/> 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.																																																																																																																													
<b>SIGNATURE:</b> <i>Christina F. Botto</i> <i>Christina F. Botto</i> <i>4/27/04</i> <i>352-873-4025</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													