


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90248 042 ***150.00

DOCUMENT # P03000086267

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
 Suite, Apt. #, etc.
**5400 SW College Rd
 Suite 302-52**

3. Mailing Address
 Suite, Apt. #, etc.
**5400 SW College Rd
 Suite 302-52**

City & State
Ocala, FL

City & State
Ocala, FL

Zip
34474

Country
Marion



02082004 Chg-P CR2E034 (10/03)

4. FEI Number
02-0702099

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 **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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P READY, TIMOTHY A 1601 SW 27TH AVE, #105 OCALA, FL 34474	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP READY, TIMOTHY A 1601 SW 27TH AVE, #105 OCALA, FL 34474	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BOTTO, CHRISTINA F 7346 NW 44TH LANE OCALA, FL 34482	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BOTTO, CHRISTINA F 7346 NW 44TH LANE OCALA, FL 34482	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Christina F. Botto* **Christina F. Botto** **4/27/04** **352-873-4025**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #