

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-19-2006 90029 008 ***150.00

DOCUMENT # P03000099773

1. Entity Name
VACUVENT, INC.



Principal Place of Business
13537 US HWY 1
#106
SEBASTIAN, FL 32958

Mailing Address
13537 US HWY 1
#106
SEBASTIAN, FL 32958

2. Principal Place of Business
1434 Norman St NE
Suite, Apt. #, etc.
Suite 101

3. Mailing Address
1434 Norman St NE
Suite, Apt. #, etc.
Suite 101

05152006 Chg-P CR2E034 (11/05)



City & State
Palm Bay FL
Zip
32907 Country
US

City & State
Palm Bay FL
Zip
32907 Country
US

4. FEI Number
20-0234773
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BROGNA, WILLIAM G
13537 US HWY 1
#106
SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent

Name
Brogna, William G
Street Address (P.O. Box Number is Not Acceptable)
1434 Norman St NE Suite 101
City
Palm Bay FL Zip Code
32907

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 *William G Brogna*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

5-15-06

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
BROGNA, WILLIAM G
13537 US HWY 1 #106
SEBASTIAN, FL 32958 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Brogna, William G
1434 Norman St NE Suite 101
Palm Bay FL 32907 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE: *William G Brogna*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-15-06

Date

Daytime Phone #