

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90050 018 ***150.00

DOCUMENT # P03000122365					
1. Entity Name VYZGOTH, INC.					
Principal Place of Business P.O. BOX 2031 ST LEO, FL 33574-2031			Mailing Address P.O. BOX 2031 ST LEO, FL 33574-2031		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0329187	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANSEN, KEITH 31802 DOUBLE EAGLE CT ZEPHYRHILLS, FL 33541			7. Name and Address of New Registered Agent Name: <u>Keith Hansen</u> Street Address (P.O. Box Number is Not Acceptable): <u>18002 Townsend House RD</u> City: <u>DADE City</u> FL Zip Code: <u>33525</u>		
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Keith Hansen</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>1-20-05</u> <small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P HANSEN, KEITH 4802 DOUBLE EAGLE CT. ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete			
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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 title empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Keith Hansen</u> <small>Date</small>		<u>1/20/05 352-588-8475</u> <small>Daytime Phone #</small>	

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01202005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0329187

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

7. Name and Address of New Registered Agent
 Name: Keith Hansen
 Street Address (P.O. Box Number is Not Acceptable): 18002 Townsend House RD
 City: DADE City FL Zip Code: 33525

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

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