


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 08:00 A
Secretary of State

DOCUMENT # P03000137563	
1. Entity Name VONGERHARD, INC.	

Principal Place of Business 17146 N.W. 120TH AVENUE ROAD REDDICK, FL 32686	Mailing Address 17146 N.W. 120TH AVENUE ROAD REDDICK, FL 32686
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DO NOT WRITE IN THIS SPACE



02102008 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1192310	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

VONGERHARD, RALPH
 17146 N.W. 120TH AVENUE ROAD
 REDDICK, FL 32686

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VONGERHARD, RALPH 17146 N.W. 120TH AVENUE ROAD REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VONGERHARD, KATHY 17146 N.W. 120TH AVENUE ROAD REDDICK, FL 32686
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *John Vongerhard* 2/10/08 352-591-2399

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