


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90174 015 \*\*\*150.00

**DOCUMENT # P04000028361**

1. Entity Name  
**VICAT, INC.**



14003786



04102005 Chg-P CR2E034 (10/03)

Principal Place of Business Mailing Address  
**37808 CR 439 37808 CR 439**  
**EUSTIS, FL 32736 EUSTIS, FL 32736**

2. Principal Place of Business 3. Mailing Address  
**301A Buena Vista Ave. 301A Buena Vista Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Sarasota, FL Sarasota, FL**  
 Zip Country Zip Country  
**34243 USA 34243 USA**

4. FEI Number Applied For  
**20-0730541** Not Applicable

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

6. Name and Address of Current Registered Agent  
**HERDA, VICTOR S**  
**37808 CR 439**  
**EUSTIS, FL 32736**

7. Name and Address of New Registered Agent  
 Name **Victor S. Herda**  
 Street Address (P.O. Box Number is Not Acceptable)  
**301A Buena Vista Ave**  
 City **Sarasota** FL Zip Code **34243**

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: *Victor Herda* DATE: **04/15/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PSTD HERDA, VICTOR S 37808 CR 439 EUSTIS, FL 32736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Herda, Victor S. 301A Buena Vista Ave Sarasota, FL 34243 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: *Victor Herda* DATE: **04/15/05** 941 359-6796  
Signature and typed or printed name of signing officer or director. Daytime Phone #