2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90247 008 ***150.00

DOCUMENT # P04000046018

1. Entity Name
VICOR, INC.

20039993

Principal Place of Business	Mailing Address
1123 FOREST OAKS DRIVE NEPTUNE BEACH, FL 32266	1123 FOREST OAKS DRIVE NEPTUNE BEACH, FL 32266

04192005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1223 Forest Oaks Dr	1223 Forest Oaks Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Neptune Beach FL	City & State: Neptune Beach FL
Zip: 32266 Country: Duval	Zip: 32266 Country: Duval

4. FEI Number: 20-0921463 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORY, MICHAEL M
1123 FOREST OAKS DRIVE
NEPTUNE BEACH, FL 32266

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1223 Forest Oaks Dr
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: Mike M Cory DATE: 4-20-05
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	PS CORY, MICHAEL M 1123 FOREST OAKS DRIVE NEPTUNE BEACH, FL 32266	☐ Delete	TITLE NAME STREET ADDRESS 1223 Forest Oaks Dr CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CORY, ALANE S 1123 FOREST OAKS DRIVE NEPTUNE BEACH, FL 32266	☐ Delete	TITLE NAME STREET ADDRESS 1223 Forest Oaks Dr CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: Mike M Cory — 4-20-05 — 904 241 2822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #