## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Jan 26, 2007 08:00 AM DOCUMENT # P04000085027 **Secretary of State** VEDA PRUITT ENTERPRISES INC. Principal Place of Business Mailing Address 707 SW NURSERY RD LAKE CITY FL 32024 707 SW NURSERY RD LAKE CITY FL 32024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, atc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRUITT, VEDA Street Address (P.O. Box Number is Not Acceptable) 707 SW NURSERY RD LAKE CITY FL 32024 City 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 Signature, typed or printed name of registered agent and title i applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Efection Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 1010 Change ☐ AddIlion Delcic HIII PRUITT, VEDA NAME NAME 707 SW NURSERY RD STREET ADDRESS STREET ADDRESS Hnnad0605527 LAKE CITY FL 32024 CITY - ST - ZIP CHY-ST-7IP /an/n7-8nn39-n18\_150.00 ☐ Delete ☐ Change Addition THE PRUITT, TOM 707 SW NURSERY RD STREET ADDRESS STREET LADDIESS LAKE CITY FL 32024 CITY ST-7IP CITY - ST - ZIP ш Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Defele ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11111 ☐ Delete ш. Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-7(P CHY-SI-ZIP unt HILL Change Delete Addition NAMI' NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath, that I am an officer or director of the expectation or the receiver or trustoe 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: Veda Pruitt Veda Pruitt 1-18-07 386.755.4148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daylure Pront 1