

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2007 8:00 am**  
**Secretary of State**

08-10-2007 90047 004 \*\*\*150.00

DOCUMENT # P04000165029

1. Entity Name  
VACUVENT FRANCHISING, INC.



Principal Place of Business

1434 NORMAN ST NE STE 101  
PALM BAY, FL 32907

Mailing Address

1434 NORMAN ST NE STE 101  
PALM BAY, FL 32907

60054341



2. Principal Place of Business - No P.O. Box #

1921 Robert J Conlan Blvd NE

Suite, Apt. #, etc.

Suite 4

3. Mailing Address

1921 Robert J Conlan Blvd NE

Suite, Apt. #, etc.

Suite 4

08072007

Chg-P

CR2E034 (12/06)

City & State

Palm Bay FL

City & State

Palm Bay FL

Zip

32905

Country

Brevard

Zip

32905

Country

Brevard

4. FEI Number

11-3737142

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROGNA, WILLIAM G  
1434 NORMAN ST NE STE 101  
PALM BAY, FL 32907

7. Name and Address of New Registered Agent

Name Brogna, William G

Street Address (P.O. Box Number is Not Acceptable)

1921 Robert J Conlan Blvd NE #4

City

Palm Bay

FL

Zip Code

32905

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

*William Brogna*

William Brogna

07 Aug 07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BROGNA, WILLIAM G  
STREET ADDRESS 1434 NORMAN ST NE STE 101  
CITY-ST-ZIP PALM BAY, FL 32907

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition  
NAME Brogna, William G  
STREET ADDRESS 1921 Robert J Conlan Blvd NE #4  
CITY-ST-ZIP Palm Bay FL 32905

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*William Brogna*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Brogna

Date

07 Aug 07

Daytime Phone #

321 409 0753