



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90057 016 ***150.00

DOCUMENT # P04000170982 1. Entity Name V & C TECHNOLOGY, INC.					
Principal Place of Business 18924 SAKERA RD., UNIT A HUDSON, FL 34667			Mailing Address 18924 SAKERA RD., UNIT A HUDSON, FL 34667		
2. Principal Place of Business - No P.O. Box # 15250 FLIGHT PATH DRIVE		3. Mailing Address 15250 FLIGHT PATH DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BROOKSVILLE FL		City & State BROOKSVILLE, FL		4. FEI Number 83-0413976	
Zip 34604 Country		Zip 34604 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POTTER, GREGORY 5170 CHAMPIONSHIP CUP LN SPRING HILL, FL 34609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPST POTTER, GREGORY 5170 CHAMPIONSHIP CUP LANE BROOKSVILLE, FL 34609		<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 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: 			GREGORY POTTER		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/09/08		