


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-04-2006 90224 045 \*\*\*158.75  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN 20 AM 9:18

<b>DOCUMENT # P05000027405</b> 1. Entity Name <b>GEORGE VEGA, INC.</b>					
Principal Place of Business <b>2845 SWEET SPRINGS STREET DELTONA FL 32738</b>			Mailing Address <b>2845 SWEET SPRINGS STREET DELTONA FL 32738</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>2138 East New York</b> Suite, Apt. #, etc.			
City & State <b>Deland Fla</b>		4. FEI Number <b>84-1673316</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32728</b>	Country <b>USA</b>	Zip <b>32728</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VEGA, GEORGE 2845 SWEET SPRING STREET DELTONA FL 32738</b>				7. Name and Address of New Registered Agent Name <b>George Vega</b> Street Address (P.O. Box Number is Not Acceptable) <b>2138 East New York</b> City <b>Deland</b> <b>FL 32728</b>	
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 <b>George Vega</b> DATE <b>2-27-06</b> <small>Signature, typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when consulting)</small>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>GM</b> <input checked="" type="checkbox"/> Delete	NAME <b>VEGA, GEORGE</b>		TITLE <b>GM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>George Vega</b>	
STREET ADDRESS <b>2845 SWEET SPRINGS STREET</b>	CITY-ST-ZIP <b>DELTONA FL 32738</b>		STREET ADDRESS <b>2138 East New York</b>	CITY-ST-ZIP <b>Deland FL 32728</b>	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME <input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP		TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 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 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: <b>George Vega</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>2-27-06</b> Daytime Phone # <b>(386) 747-9795</b>		