## 2006-FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## DOCUMENT # P05000048883

1. Entity Name

VM & D ENTERPRISES, INC.



**FILED** May 05, 2006 8:00 am Secretary of State 05-05-2006 90189 007 \*\*\*150.00

Principal Plac	e of Business	Mailing Address	Mailing Address						
2849 FOWLER STREET FORT MYERS FL 33901			2849 FOWLER STREET FORT MYERS FL 33901						
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		1168	(1861 IN 80181 SHIF SSIF SSIF SSIF	11 BETT	II IGIDI 10100 IH	1881 44 448F
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)				
City & State		City & State			4. FEI Number Applied For Appl			·	
Zip	Country	Zip -	Country_			of Status Desired	□ - <b>\$</b>	B.75 Addiee Required	itional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
346	MÉRS, WILLIAM A 5 BONITA BEACH R NITA SPRINGS FL 34	OAD UNIT 12 1134	Str	Street Address (P.O. Box Number is Not Acceptable)					
			Cit	y			FL	Zip Code	e .
P. The above	named ontity submits this st	externant for the oursepe of changing its	ragistared of	ing or registered	agent or be	th in the State of Eleci		milion with	and annual
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.									
OLONIATURE									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
After	ILE NOW!!! FEE IS \$15 May 1, 2006 Fee Will Be k Payable to Florida Depa				Election Campaig     Trust Fund Contri			00 May Be d to Fees	
10.	OFFIC	CERS AND DIRECTORS	11.		ADDITIONS.	/CHANGES TO OFFIC	ERS AND D	IRECTORS	S IN 11
TITLE	Р	☐ Detete	TITLE				[	Change	Addition
NAME	SKIPPER, DANNY H SR		NAME						
STREET ADDRESS . CITY-ST-ZIP	475 TRADER ROAD		STREET ADD						
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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: