

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90144 024 \*\*\*150.00

**DOCUMENT # P05000054215**

1. Entity Name  
V-SEPT, INC.



Principal Place of Business  
3001 N ROCKY POINT DR  
STE 200  
TAMPA, FL 33607

Mailing Address  
3001 N ROCKY POINT DR  
STE 200  
TAMPA, FL 33607

40051177



03262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2604237

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BRADSHAW, JIM  
2818 ROE HAMPTON CLOSE  
TARPON SPRINGS, FL 34688

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO VAUGHN, JIM 3001 N ROCKY POINT DR TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCFO BRADSHAW, JIM 2818 ROE HAMPTON CLOSE TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMMICK, PETE 2430 COFFE POT BLVD NE ST PETE, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, CRAIG 3624 N HERMITAGE AVE CHICAGO, IL 60613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REID, GARY 1285 GASPARILLA DR ST PETE, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/07