V V & R PROPERTIES, INC.

2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000109953



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Principal Place of Business			Mailing Address			60025166							
603 NORTH 8TH AVENUE				603 NORTH 8TH AVENUE				20.0100					
PENSACOLA, FL 32501			F	PENSACOLA, FL 32501						13	ر کی د		
2. Principal Place of Business			3.	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04042006	Cha (,	CDM	-024 (44/0E)		
								Chg-f			E034 (11/05)		
City & State				City & State				4. FEI Numb	20-3	286	02	4	pplied For lot Applicable
Zip	Zip Country			Zip Coun		ntry		1	e of Status D		×	\$8.75 Ad	
6. Name and Address of Current I			rent Regis	gistered Agent			7. Name and Address of New Registered Agent						
·\$· ′						Name	_						
RIMMERMAN, STACEY L 603 NORTH 8TH AVENUE				Stree			Address (P.O. Box Number is Not Acceptable)						
PENSACOLA, FL 32501								-		•			
					City					F	L Zip Coo	đe	
		ty submits this stateme	ed office or	r register	red agent, or b	oth, in the Sta	te of Flo	rida. Lar	n familiar with	, and accept			
the obligat	tions of regis	tered agent.											
SIGNATURE													
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
FO	E NOWIII	FEE IS \$150.00	ncing	\$5.	.00 May Be								
After May 1, 2006 Fee will be \$550.00 Trust Fund Co					ribution.	. 🗆	Add	ed to Fees	ŀ				
10. OFFICERS AND DIRECTORS					11.			ADDITIONS	/CHANGES	TO OFFI	CERS At	ND DIRECTOR	RS IN 11
TITLE	P			☐ Delete	IIIL	£	VP		10120			☐ Change	Addition
NAME CTREET LODGECC		MAN, STACEY L			NAM	_	Cha	1165 F. 3 N. 8th	10173	0			
STREET ADDRESS CITY-ST-ZIP	l.	TH 8TH AVENUE OLA, FL 32501				EET ADDRESS (+ST+ZIP	000	N. 0 '''	G 2	ハムカ			
TITLE				☐ Delete	TITL		Dice	sacrally				☐ Change	Addition
NAME					NAM		Gan	y van G o N. Do ingfield	orp				A 1.00111011
STREET ADDRESS						EET ADORESS	189	6 N. D	riglas			_	
CITY-ST-ZIP	<u> </u>				_	/-\$T-ZIP	Spr	<u>ingfield</u>	<u>L, MD</u>	<u>65</u>	803	5	
TITLE NAME				☐ Delete	TITL			_				☐ Change	☐ Addition
STREET ADORESS						EET ADORESS							
CITY-ST-ZIP					CITY	r-ST-ZIP							
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NAME				☐ Delete	NAM							Change	Addition
STREET ADDRESS						EET ADDRESS							
CITY-ST-ZIP					CITY	/-ST-ZIP	ŀ						

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 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:

Stacy L. Limmermun
PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 10, 2006 8:00 am Secretary of State 04-10-2006 90316 011 ***158.75