

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90024 039 ***150.00

DOCUMENT # P06000008791

1. Entity Name
VLC HOLDINGS, INC.



Principal Place of Business
**3600 EAST LAUREL ROAD
NOKOMIS, FL 34275 US**

Mailing Address
**3600 EAST LAUREL ROAD
NOKOMIS, FL 34275 US**

40056412



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

20-4127182

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NEVIN A. WEINER, P.A.
100 WALLACE AVENUE
SUITE 100
SARASOTA, FL 34237**

Name

Stephen T. Deans Jr

Street Address (P.O. Box Number is Not Acceptable)

3600 East Laurel Rd

City

Nokomis

FL

Zip Code

34275

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

Steve Deans Jr

(NOTE: Registered Agent signature required when reinstating)

4/8/07

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DEANS, STEPHEN T JR.**
STREET ADDRESS **3600 EAST LAUREL ROAD**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Deans Jr

Date

4/8/07

Daytime Phone #