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07 OCT 15 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000074954

1. Entity Name
V.C.V. CONTRACTORS INC.

Principal Place of Business	Mailing Address
2050 SOUTH US HWY 1 MALABAR, FL 32950	2050 SOUTH US HWY 1 MALABAR, FL 32950

08142007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2050 SOUTH US HWY	SAME
Suite, Apt. #, etc.: 21	Suite, Apt. #, etc.
City & State: MALABAR, FL	City & State
Zip: 32950 Country: BREVARD	Zip: SAME Country

4. FEI Number: 01-0873692 ☐ Applied For ☐ Not Applicable

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
DAVIS, VICTOR B 2050 SOUTH US HWY 1 MALABAR, FL 32950	Name: DAVIS VICTOR B Street Address (P.O. Box Number is Not Acceptable): 2050 SOUTH US HWY 1 City: MALABAR FL Zip Code: 32950

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: Victor Davis
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, VICTOR B 2050 SOUTH US HWY 1 MALABAR, FL 32950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, CHRIS 2040 SOUTH US HWY 1M LOT #17 PALM BAY, FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, VICTOR E 2040 US HWY 1, LOT #15 PALM BAY, FL 32905	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition S
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Victor Davis 9/1/07 954-755-3802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

As per telephone conversation with Victor Davis, 10/15