

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2008 8:00 am
Secretary of State

06-10-2008 90002 004 ***150.00

DOCUMENT # P06000074954 1. Entity Name V.C.V. CONTRACTORS INC.					
Principal Place of Business 2050 SOUTH US HWY 1 MALABAR, FL 32950			Mailing Address 2050 SOUTH US HWY 1 MALABAR, FL 32950		
2. Principal Place of Business - No P.O. Box # 2050 South U.S. #1 Suite, Apt. #, etc. 60 Lot City & State MALABAR, FL Zip 32950		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country BARBADOS			
4. FEI Number 01-0873692		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05052008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent DAVIS, VICTOR B 2050 SOUTH US HWY 1 MALABAR, FL 32950			7. Name and Address of New Registered Agent Name V.C.V. Victor Davis Street Address (P.O. Box Number is Not Acceptable) 2050 South U.S. #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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	P DAVIS, VICTOR B 2050 SOUTH US HWY 1 MALABAR, FL 32950	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	T DAVIS, CHRIS 2040 SOUTH US HWY 1M LOT #17 PALM BAY, FL 32905	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	S DAVIS, VICTOR E 2040 US HWY 1, LOT #15 PALM BAY, FL 32905	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP	 	<input type="checkbox"/> Delete			
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:  DATE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					