

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072484

Entity Name: VIP MULTI SERVICES CORP

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

2285 EAST HWY 100
SUITE 229
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

13 RICHMOND DR
PALM COAST, FL 32164 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COQUILLON, PATRICK
13 RICHMOND DR
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COQUILLON, PATRICK
Address: 13 RICHMOND DR
City-St-Zip: PALM COAST, FL 32164 US

Title: D () Delete
Name: SENAT, VILAINE
Address: 13 RICHMOND DR
City-St-Zip: PALM COAST, FL 321664 US

Title: VP (X) Delete
Name: SAINT-CLAUDE, JEAN-ROBERT
Address: 45 ULATURN TR
City-St-Zip: PALM COAST, FL 32164 US

Title: VP (X) Delete
Name: THOMAS, LOUIMAN
Address: 4 SENSENEY PLACE
City-St-Zip: PALM COAST, FL 32164 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SENAT, VILAINE
Address: 13 RICHMOND DR
City-St-Zip: PALM COAST, FL 321664 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK COQUILLON

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date