


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P17150</b> 1. Entity Name <b>VANDALIA ENTERPRISES, INCORPORATED</b>					
Principal Place of Business <b>144 WILLEY STREET MORGANTOWN WV 26505</b>			Mailing Address <b>144 WILLEY STREET MORGANTOWN WV 26505</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>55-0524659</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RACHEL, ANNETTE C 6551 CENTRAL AVENUE SUITE 315 ST. PETERSBURG FL 33710</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CALLEN, STEPHEN A. 144 WILLEY STREET MORGANTOWN WV		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>U000000230215</b>  <b>02/15/05-80034-010 158.75</b> </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RACHEL, ANNETTE C 10802 TARPON DRIVE TREASURE ISLAND FL 33706		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CALLEN, MICHAEL K. 144 WILLEY STREET MORGANTOWN WV		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MAYNARD, HAZEL A. 144 WILLEY STREET MORGANTOWN WV		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Delete         </div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Hazel A. Maynard</i> <b>1/24/05</b> <b>304-296-8285</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					