


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000007644</b> 1. Entity Name VSSB, INC.	
--	---

Principal Place of Business C/O DONALD G. BUREK 1794-B, SOUTH OCEAN DR JACKSONVILLE BCH., FL 32250	Mailing Address C/O DONALD G. BUREK 1794-B, SOUTH OCEAN DR JACKSONVILLE BCH., FL 32250
---	---

**DO NOT WRITE IN THIS SPACE**



02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3152013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BUREK, DONALD G  
1794-B, SOUTH OCEAN DR  
JACKSONVILLE BCH., FL 32250

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUREK, DONALD G 1794-B, SOUTH OCEAN DR JACKSONVILLE BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000658011  
03/15/07-80021-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Donald G. Burek **Donald G. Burek** March 3 2007 **March 3 2007** (904) 737-8233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #