

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000017971

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: VMS MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

1324 NE 173RD AVENUE  
OLD TOWN, FL 32680

**New Principal Place of Business:**

**Current Mailing Address:**

1324 NE 173RD AVENUE  
OLD TOWN, FL 32680

**New Mailing Address:**

FEI Number: 59-3167852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VERVILLE, WILLIAM  
1324 NE 173RD AVENUE  
OLD TOWN, FL 32680 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: D ( ) Delete  
Name: VERVILLE, WILLIAM  
Address: 1324 NE 173RD AVENUE  
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete  
Name: VERVILLE, NANCY B  
Address: 1324 NE 173RD AVENUE  
City-St-Zip: OLD TOWN, FL 32680

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: WILLIAM VERVILLE

PRES

01/03/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date