

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90297 034 ***150.00

DOCUMENT # P93000045972

1. Entity Name
VANGUARD COMMERCIAL REALTY, INC.



Principal Place of Business
**101 SEABREEZE #105
DAYTONA BEACH, FL 32118 US**

Mailing Address
**P.O. BOX 4235
ORMOND BEACH, FL 32175 US**

00011041



2. Principal Place of Business

101 Seabreeze Blvd
Suite, Apt. #, etc.
Suite 105

City & State
Daytona Beach FL

Zip
32118

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

02142006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3194510

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELAHUNTY, TERENCE J JR
C/O FOLEY & LARDNER
111 N. ORNAGE AVE., SUITE 1800
ORLANDO, FL 32802**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
111 N. Ornage Ave., Suite 1800
City **Orlando** **FL** Zip Code **32802**

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, 2006 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
**P
VANDAGRIFF, SARAH D
POST OFFICE BOX 4235
ORMOND BEACH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
DAVIS SR., BENJAMIN R.
4 WATERFRONT COURT
ORMOND BEACH, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
VANDAGRIFF, SARAH D
P. O. BOX 4235
ORMOND BEACH, FL 32175** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
JONES, ELSE
600 SEABREEZE BLVD, STE 105
DAYTONA BEACH, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WHIDDON, MARGARET D
P. O. BOX 204
TALLAHASSEE, FL 32302** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Reinart, Karen L
PO Box 4235
Ormond Beach FL 32175** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: **Sarah D Vandagriff** 4/10/06 386/672 9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #