## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000045972

City-St-Zip:

VΡ

Title:

Name:

Address:

City-St-Zip:

ORMOND BEACH, FL 32175 US

WHIDDON, MARGARET D

TALLAHASSEE, FL 32302 US

P. O. BOX 204

() Delete

FILED Apr 25, 2007 Secretary of State

Entity Nar	ne: VANGL	JARD CO	MMERCIAL REALTY,	INC.					
Current Principal Place of Business:					New Principal Place of Business:				
101 SEABI STE 105 DAYTONA	REEZE BEACH, FL	. 32118	US		101 SEABF SUITE 105 DAYTONA			US	
Current Mailing Address:					New Mailing Address:				
P.O. BOX ( ORMOND	4235 BEACH, FL	32175	US						
FEI Number:	59-3194510	FEI Nu	ımber Applied For()	FEI Nun	nber Not Appli	icable ( )	Certifica	ate of Status De	esired ( )
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
111 N ORA	TY, TEREN ANGE AVE, D, FL 32802	STE 1800							
	named entit of Florida.	y submits	this statement for the	purpose o	f changing it	s registere	ed office or r	registered ag	ent, or both,
SIGNATUR									
	Electr	onic Signa	ature of Registered Ag	ent				Date	
Election Can	npaign Financ	ing Trust F	und Contribution ( ).						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P VANDAGRIF POST OFFIC ORMOND BE	E BOX 423			Title: Name: Address: City-St-Zip:	P O BOX 4	(X) Change IFF, SARAH D 235 BEACH, FL 32		
Title: Name: Address: City-St-Zip:	T REINARI, KA POB 4235 ORMOND BE		2175		Title: Name: Address: City-St-Zip:	T REINERI, I PO BOX 42 ORMOND		` ,	
Title: Name: Address:	S VANDAGRIF P. O. BOX 42				Title: Name: Address:		( ) Change	( ) Addition	

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SARAH D VANDAGRIFF Ρ 04/25/2007

() Change () Addition