2005 FOR PROFIT CORPORATION 🗻 ANNUAL REPORT (AR)

Feb 09, 2005 8:00 am **Secretary of State** DOCUMENT # P93000087619 02-09-2005 90059 018 ***150.00 VIRGO INVESTMENTS, INC. Principal Place of Business Mailing Address **GUESTHOUSE INN AND SUITES** 1308 N 14TH ST LEESBURG FL 34748 1308 N 14TH ST LEESBURG FL 34748 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 59-3025098 Not Applicable Zip Country Ziρ Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEEKS, CURTIS'L Street Address (P.O. Box Number is Not Acceptable) 70 WEST LUCERN CIRCLE **APT 1615** ORLANDO FL 32801 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature reduced when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. THILE ☐ Change TITLE ☐ Delete MEEKS, CURTIS L NAME 70 WEST LUCERN CIRCLE, APT 1615 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-7IP SECTETARY ☐ Addition Delete THILE TITLE LOCK, REED M NAME WILLIAM E. FLYNN NAME 1920 SUSSEX DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MT. DORA FL 32757 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME GRUBB, JOHN C STREET ADDRESS STREET ADDRESS 326 VALERA COURT CITY-ST-ZIP WINTERPARK FL 32789 CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete MEEKS, CURTIS L NAME 70 WEST LUCERN CIRCLE STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

JI LLIAM

PRINTED NAME OF SIG

SIGNATURE:

FILED