

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 03, 2006 8:00 am
Secretary of State

02-13-2006 90011 019 ***150.00

DOCUMENT # P94000000592 1. Entity Name VEES AND COMPANY, INC.					
Principal Place of Business 406014 THOMAS BOAT LANDING RD OCOE, FL 34761 US			Mailing Address P O BOX 530 UMATILLA, FL 32784 US		
2. Principal Place of Business 1430 Coluso Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box Suite, Apt. #, etc.			
City & State Winter Garden, FL		City & State Ocoee, FL		4. FEI Number 59-3214926	
Zip 34787		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VEES, PAUL 2807 JOHIO SHORES RD OCOE, FL 34761			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1430 Coluso Drive City Winter Garden FL Zip Code 34787		
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: <u><i>Paul R. Vees</i></u> DATE: <u>2-7-06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VEES, PAUL P O BOX 530 OCOE, FL 34761 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Paul R. Vees</i></u>			DATE: <u>2-27-06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		