2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2008 08:00 A Secretary of State **DOCUMENT # P94000003763** 1. Entity Name VEST & VEST, INC. Principal Place of Business Mailing Address 3011 3RD ST W 3011 3RD ST W BRADENTON, FL 34205 BRADENTON, FL 34205 CR2E034 (11/05) 01042008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0464636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SCHULTZ, ROBERT H 1101 9TH AVE W BRADENTON, FL 34205 -IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME VEST, PAUL M U00000776941 01/09/08-80045-005 158.75 6823 11TH ST W STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34207 TITLE VEST, STEPHEN P NAME 3003 48TH AVE DR. EAST STREET ADDRESS BRADENTON, FL 34203 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 time time empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

AGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #