

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000034360

1. Entity Name
VICTORY LANE ENTERPRISES, INC.



Principal Place of Business
950 N. POLK STREET
PINEVILLE, NC 28134 US

Mailing Address
6805 MORRISON BLVD.
370
CHARLOTTE, NC 28211 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

950 N. Polk St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pineville, NC

Zip

Country

28134

US

03042008

Chg-P

CR2E034 (12/06)

4. FEI Number

56-1881281

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAASS, ROBB
340 ROYAL POINCIANNA WAY
321
PALM BCH, FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SABATES, FELIX S.
STREET ADDRESS 950 N. POLK STREET
CITY-ST-ZIP PINEVILLE, NC 28134

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
08 MAR 18 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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