

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P94000061042

1. Entity Name
VANN PRESENTATION SERVICES, INC.



Principal Place of Business
7008 36TH AVE. EAST
BRADENTON, FL 34208

Mailing Address
7008 36TH AVE. EAST
BRADENTON, FL 34208



02192008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0515753

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VANN, JAMES M
7008 36TH AVE E
BRADENTON, FL 34208

DO NOT WRITE
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

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

TITLE	PS
NAME	VANN, JAMES M
STREET ADDRESS	7008 36TH AV. E.
CITY-ST-ZIP	BRADENTON, FL
TITLE	V
NAME	VANN, BRENDA L
STREET ADDRESS	7008 36TH AV. E.
CITY-ST-ZIP	BRADENTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/24/08-80078-025 150.00

DO NOT WRITE
IN THIS SPACE

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:

James M. Vann James M. Vann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/08 941-746-7919

Date Daytime Phone #