

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90081 021 \*\*\*150.00

<b>DOCUMENT # P94000062239</b> 1. Entity Name <b>VANCOM PROPERTIES, INC.</b>																																			
Principal Place of Business <b>1130 E. DONEGAN AVENUE STE 4 KISSIMMEE, FL 34744 US</b>		Mailing Address <b>1130 E. DONEGAN AVENUE STE 4 KISSIMMEE, FL 34744 US</b>																																	
2. Principal Place of Business - No P.O. Box # <b>1112 E. Donegan Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>1112 E. Donegan Ave</b> Suite, Apt. #, etc.																																	
City & State <b>Kissimmee FL</b> County <b>34744</b>		City & State <b>Kissimmee FL</b> Country <b>34744</b>																																	
4. FEI Number <b>59-3264477</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																	
<b>6. Name and Address of Current Registered Agent</b>  <b>COMPTON, BARRY</b> <b>1130 E. DONEGAN AVENUE STE. 4</b> <b>KISSIMMEE, FL 34744</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>4/30/07</b> <small>(NOTE: Registered Agent signature required when re-registering)</small>																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 60%;">COMPTON, BARRY</td> <td style="width: 10%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td>1130 E. DONEGAN AVENUE STE 4</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>KISSIMMEE, FL 34744</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 60%;">Compton, Barry</td> <td style="width: 10%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>1112 E. Donegan Ave.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>Kissimmee FL 34744</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	P	COMPTON, BARRY	<input type="checkbox"/> Delete	NAME		1130 E. DONEGAN AVENUE STE 4		STREET ADDRESS		KISSIMMEE, FL 34744		CITY-ST-ZIP				TITLE	P	Compton, Barry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		1112 E. Donegan Ave.		STREET ADDRESS		Kissimmee FL 34744		CITY-ST-ZIP			
TITLE	P	COMPTON, BARRY	<input type="checkbox"/> Delete																																
NAME		1130 E. DONEGAN AVENUE STE 4																																	
STREET ADDRESS		KISSIMMEE, FL 34744																																	
CITY-ST-ZIP																																			
TITLE	P	Compton, Barry	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																
NAME		1112 E. Donegan Ave.																																	
STREET ADDRESS		Kissimmee FL 34744																																	
CITY-ST-ZIP																																			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/30/07</b> Daytime Phone # <b>407.933.2554</b>																																	