

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90159 048 \*\*\*150.00

**DOCUMENT # P94000062239**

1. Entity Name  
**VANCOM PROPERTIES, INC.**



40054011



Principal Place of Business  
**1112 E. DONEGAN AVE  
KISSIMMEE, FL 34744 US**

Mailing Address  
**1112 E. DONEGAN AVE  
KISSIMMEE, FL 34744 US**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04302008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-3264477**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**COMPTON, BARRY  
1130 E. DONEGAN AVENUE STE. 4  
KISSIMMEE, FL 34744**

Name **Barry Compton**  
Street Address (P.O. Box Number is Not Acceptable)  
**1112 E. Donegan Ave**  
City **Kissimmee** FL Zip Code **34744**

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

**April 30, 08**

**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	<input type="checkbox"/> Delete
NAME	COMPTON, BARRY	
STREET ADDRESS	1112 E. DONEGAN AVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE	V	<input type="checkbox"/> Delete
NAME	COMPTON, PENNY	
STREET ADDRESS	1112 E. DONEGAN AVE	
CITY-ST-ZIP	KISSIMMEE, FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres, Sec, Treas, Div.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Compton	
STREET ADDRESS	1112 E. Donegan Ave	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	Vice Pres, Div.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Penny Compton	
STREET ADDRESS	1112 E. Donegan Ave	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 30, 08 321-624-1986**

Date

Daytime Phone #