2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 02, 2005 08:00 AM Secretary of State **DOCUMENT # P95000005688** 1. Entity Name VACUUM CENTER SUPER STORES, INC. Principal Place of Business Mailing Address 807 CHOCTAW LANE SHALIMAR FL 32579 807 CHOCTAW LANE SHALIMAR FL 32579 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3295996 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEICHMAN, ROBERT A SR Street Address (P.O. Box Number is Not Acceptable) 807 CHOCTAW LANE SHALIMAR FL 32579 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 signalure required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition WEICHMAN, ROBERT A SR NAME STREET ADDRESS 807 CHOCTAW LANE STREE! ADDRESS SHALIMAR FL 32579-2248 CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Delete TITLE Change ☐ Addition U00000247899 03/02/05-80007-017 150.00 WEICHMAN, NORMA F NAME NAME STREET ADDRESS 807 CHOCTAW LANE STREET ADDRESS CITY - ST - ZIP SHALIMAR FL 32579-2248 CITY+ST-ZIP THE ☐ Delete Change Addition THE NAME WEICHMAN, ROBERT A JR STREET ADDRESS 36054 UNIT 102 EMERALD UNIT PKY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Change Addition THE Delete 2411 WEICHMAN, DAVID M NAME NAME 3804 N. 9TH AVE. STREET ADDRESS STREET ADDRESS PENSACOLA FL 32503 CITY-ST-ZIP CITY-Si-ZIP ☐ Delete THILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP Crity-SI-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or suppliemental 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

an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attag

SIGNATURE:

FILED