

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000005688

1. Entity Name

VACUUM CENTER SUPER STORES, INC.



Principal Place of Business

807 CHOCTAW LANE
SHALIMAR FL 32579

Mailing Address

807 CHOCTAW LANE
SHALIMAR FL 32579



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number

59-3295996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEICHMAN, ROBERT A SR
807 CHOCTAW LANE
SHALIMAR FL 32579

7. Name and Address of New Registered Agent

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME WEICHMAN, ROBERT A SR
STREET ADDRESS 807 CHOCTAW LANE
CITY-STATE-ZIP SHALIMAR FL 32579-2248

TITLE ☐ Delete
NAME WEICHMAN, NORMA F
STREET ADDRESS 807 CHOCTAW LANE
CITY-STATE-ZIP SHALIMAR FL 32579-2248

TITLE ☐ Delete
NAME WEICHMAN, ROBERT A JR
STREET ADDRESS 36054 UNIT 102 EMERALD UNIT PKY.
CITY-STATE-ZIP DESTIN FL 32541

TITLE ☐ Delete
NAME WEICHMAN, DAVID M
STREET ADDRESS 1817 COLONIAL CT
CITY-STATE-ZIP FORT WALTON BEACH FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000627207
CITY-STATE-ZIP 02/15/07-80052-003 150.00

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

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

Feb 05, 07 850-651-4770