

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000005688

FILED
Jan 08, 2009
Secretary of State

Entity Name: VACUUM CENTER SUPER STORES, INC.

Current Principal Place of Business:

36054 EMERALD COAST PKWY
UNIT 102
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

36054 EMERALD COAST PKWY
UNIT 102
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3295996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEICHMAN, ROBERT A SR
807 CHOCTAW LANE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEICHMAN, ROBERT A SR
Address: 807 CHOCTAW LANE
City-St-Zip: SHALIMAR, FL 325792248

Title: S () Delete
Name: WEICHMAN, NORMA F
Address: 807 CHOCTAW LANE
City-St-Zip: SHALIMAR, FL 325792248

Title: V () Delete
Name: WEICHMAN, ROBERT A JR
Address: 36054 UNIT 102 EMERALD UNIT PKY.
City-St-Zip: DESTIN, FL 32541

Title: V () Delete
Name: WEICHMAN, DAVID M
Address: 1817 COLONIAL CT
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. WEICHMAN, SR

PRES

01/08/2009

Electronic Signature of Signing Officer or Director

Date