


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000063035
 1. Entity Name
VONNECO ENTERPRISES INC.



Principal Place of Business 4220 LYMAN HENDRY RD. PERRY, FL 32347	Mailing Address 4220 LYMAN HENDRY RD. PERRY, FL 32347
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03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 57-3329537	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORMAN, MARIA
 1809 HWY 19 S.
 PERRY, FL 32347

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORMAN, EDDIE C 4220 LYMAN HENDRY RD. PERRY, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DORMAN, YVONNE G 4220 LYMAN HENDRY RD. PERRY, FL 32347
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 05/27/04-80002-019 150.00

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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 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: EDDIE C DORMAN *Eddie Dorman* 5/1/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #