


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90011 005 ***150.00

DOCUMENT # P96000056469	
1. Entity Name VAN SANGAS ENTERPRISES, INC.	

Principal Place of Business 1572 S.E. NIEMEYER CIRCLE PORT ST. LUCIE, FL 34952	Mailing Address 1572 S.E. NIEMEYER CIRCLE PORT ST. LUCIE, FL 34952
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2. Principal Place of Business 356 NW Alice Ave	3. Mailing Address 356 NW Alice Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Stuart, FL	City & State Stuart, FL
Zip 34994	Country Martin



01132006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0691909		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SANGAS, VAN 1572 S.E. NIEMEYER CIRCLE PORT ST. LUCIE, FL 34952		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 356 NW Alice Ave City Stuart FL Zip Code 34994		

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SANGAS, VAN 1572 SE NIEMEYER CIRCLE PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS Van Sangas 356 NW Alice Ave Stuart, FL 34994 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

01/25/06 772-820727

Date

Daytime Phone #