

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 19, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P96000103153**

1. Entity Name  
**VATA CORP.**



Principal Place of Business  
**244 1/2 LAKE WINNEMISSETT DRIVE  
DELAND, FL 32724**

Mailing Address  
**244 1/2 LAKE WINNEMISSETT DRIVE  
DELAND, FL 32724**



01122007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3422629**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WOOD, MIKE  
244 1/2 LAKE WINNEMISSETT DRIVE  
DELAND, FL 32724**

**DO NOT WRITE  
IN THIS SPACE**

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 type the printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required at Christening)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	WOOD, MIKE
STREET ADDRESS	244 1/2 LAKE WINNEMISSETT DRIVE
CITY, ST, ZIP	DELAND, FL
TITLE	DST
NAME	WOOD, MARY
STREET ADDRESS	244 1/2 LAKE WINNESSETT DR
CITY, ST, ZIP	DELAND, FL
TITLE	DAS
NAME	WOOD, ARRON
STREET ADDRESS	244-1/2 LAKE WINNEMISSETT DR
CITY, ST, ZIP	DELAND, FL 32724
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

U00000593235  
01/22/07-80024-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Mary L Wood Mary Wood 01-12-07 386-786-4655  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR