


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

□□□□□□□□ P97000004921  
 1. Entity Name  
**V & R RETIREMENT, INC.**



Principal Place of Business      Mailing Address  
**356 PRIMA VISTA BLVD**      **356 PRIMA VISTA BLVD**  
**PORT ST LUCIE, FL 34983 US**      **PORT ST LUCIE, FL 34983 US**

**DO NOT WRITE IN THIS SPACE**

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 01072005    □□□□□□    □□□□□□□□□□□□

4. FEI Number      Applied For  
**65-0725564**      Not Applicable

5. Certificate of Status Desired        **\$8.75** □□□□□□□□  
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6. Name and Address of Current Registered Agent  
**LAL, RAJWANTIE**  
**356 PRIMA VISTA BLVD**  
**PT ST LUCIE, FL 34952**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** □□□□□□□□  
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV LAL, LALCHAND 2210 SE CARNATION RD PORT ST LUCIE, FL 34952
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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: \_\_\_\_\_ Date: **1/31/05** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR