# 2007 FOR PROFIT CORPORATION
## ANNUAL REPORT

**DOCUMENT # P97000004921**

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

| Principal Place of Business | Mailing Address |
|---|---|
| 356 SE PRIMA VISTA BLVD<br>PORT ST LUCIE, FL 34983    US | 356 SE PRIMA VISTA BLVD<br>PORT ST LUCIE, FL 34983    US |

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08172007      No Chg-P      CR2E034 (11/05)

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

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

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

LJUNG, CAROLE
356  S.E PRIMA VISTA BLVD
PT ST LUCIE, FL  34983

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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 _Carole Ljung_  Carole Ljung  Owner    8-27-07

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

| **FILE NOW!!!  FEE IS $150.00**<br>**Due by September 14, 2007** | **9.** Election Campaign Financing Trust Fund Contribution.  ☐ | **$5.00** May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|---|---|

**10.**                          OFFICERS AND DIRECTORS

| TITLE | PV |
|---|---|
| NAME | LJUNG, CAROLE |
| STREET ADDRESS | 2830 SE TATE AVENUE |
| CITY-ST-ZIP | PORT ST LUCIE, FL  34984 |

| TITLE | |
|---|---|
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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08/30/07-80004-005  150.00

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**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:** _Carole Ljung_  Carole Ljung    8-27-07    772-634-3326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #