

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90297 015 \*\*\*150.00

DOCUMENT # P97000013563

1. Entity Name  
V.G.B., INC.



Principal Place of Business

~~241 11TH COURT~~  
VERO BEACH, FL 32962

Mailing Address

~~241 11TH COURT~~  
VERO BEACH, FL 32962

2. Principal Place of Business

1944 Sunset Dr SW

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH FL

City & State

VERO BEACH FL

Zip

32962

Country

USA

Zip

32962

Country

USA

04132006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0729236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUNN, VERNON G

~~241 11TH COURT~~  
VERO BEACH, FL 32962

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

1944 Sunset Dr SW

City

VERO BEACH

FL

Zip Code

32962

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, 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**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | P                         | <input type="checkbox"/> Delete |
| NAME           | BUNN, VERNON G            |                                 |
| STREET ADDRESS | <del>241 11TH COURT</del> |                                 |
| CITY-ST-ZIP    | VERO BEACH, FL 32962      |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> Delete |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                     |   |
|----------------|---------------------|---|
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | BUNN, VERNON        |   |
| STREET ADDRESS | 1944 SUNSET DR SW   |   |
| CITY-ST-ZIP    | VERO BEACH FL 32962 |   |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |   |
| STREET ADDRESS |                     |   |
| CITY-ST-ZIP    |                     |   |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |   |
| STREET ADDRESS |                     |   |
| CITY-ST-ZIP    |                     |   |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |   |
| STREET ADDRESS |                     |   |
| CITY-ST-ZIP    |                     |   |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                     |   |
| STREET ADDRESS |                     |   |
| CITY-ST-ZIP    |                     |   |

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:

VERNON G BUNN 4-21-06 772 5596511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #