

SEP-12-2006 TUE 02:31 PM

VANDALIA CONSULTING

3042965612

P. 02

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**

06 SEP 13 PM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000018179

1. Entity Name

VANDALIA ENTERPRISES SOUTH, INC.



Principal Place of Business

6551 CENTRAL AVENUE
ST. PETERSBURG, FL 33710

Mailing Address

6551 CENTRAL AVENUE
ST. PETERSBURG, FL 33710**DO NOT WRITE IN THIS SPACE**

01042006

No.Chg-P

CR2E034 (11/05)

4. FEI Number

55-0524659

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RHOADS, SHARON C
6551 CENTRAL AVENUE
ST. PETERSBURG, FL 33710**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

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	D
NAME	RACHEL, ANNETTE C
STREET ADDRESS	10102 TARPON DRIVE
CITY-STATE-ZIP	TREASURE ISLAND, FL 33706
TITLE	TD
NAME	MAYNARD, HAZEL A
STREET ADDRESS	144 WILLEY ST
CITY-STATE-ZIP	MORGANTOWN, WV 26505
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

04/11/06 80100 010-
\$158.75**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06 (921) 381-6551

Date

Daytime Phone #

Hazel A. Maynard Hazel A. Maynard



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VANDALIA CONSULTING

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2/2

9/12/06

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

Attention: Michelle

Per our conversation, you received two checks and annual reports for document # P17150.

An error somehow occurred because one of those checks belongs to document #P97000018179.

I am asking that you please apply the extra check to document # P97000018179. I have faxed a copy of the annual report with this letter. I am also asking that you waive the late fees since both checks were received prior to May 1st.

I apologize for any inconvenience and appreciate your help.

Debbie Shoemaker