

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000043531**

1. Entity Name  
**VADDA ENERGY CORPORATION**



Principal Place of Business  
**1660 S STEMMONS FREEWAY  
SUITE 440  
LEWISVILLE, TX 75067**

Mailing Address  
**1660 S STEMMONS FREEWAY  
SUITE 440  
LEWISVILLE, TX 75067**



08242004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3455790**

Applied For  
Not Applicable

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

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

**CAPITOL CORPORATE SERVICES INC  
1333 N DUVAL STREET  
TALLAHASSEE, FL 32303**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
GODFREE, MICHAEL  
95 NORTH ARROYO PKWY  
PASADENA, CA 91103**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**SD  
RAINEY, VERNE  
1020 DIAMOND BLVD  
SOTHLAKE, TX 76092**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**PD  
BLANKENSHIP, ANITA G  
2201 TIMBERCREEK TR  
FLOWER MOUND, TX 75028**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

U00000171180  
08/30/04-80007-022 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:**

*Anita Blankenship*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Anita Blankenship 08-24-04 (214)222-6500**  
Date Daytime Phone #