2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P97000082961

Entity Name: VICOTT, INC.

Current Principal Place of Business:

1325 SE 47TH STREET
SUITE G
CAPE CORAL, FL 33904

New Principal Place of Business:

10950 OLD SOUTH WAY
FT. MYERS, FL 33908

Current Mailing Address:

1325 SE 47TH STREET
SUITE G
CAPE CORAL, FL 33904

New Mailing Address:

10950 OLD SOUTH WAY
FT. MYERS, FL 33908

FEI Number: 65-0784185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAUL, ANTHONY A
2418 SE 28TH STREET
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAUL, ANTHONY R
Address: 2418 SE 28TH STREET
City-St-Zip: CAPE CORAL, FL 33904

Title: VS ( ) Delete
Name: MAUL, DONNA
Address: 2418 SE 28TH STREET
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA MAUL VS 04/30/2005

Electronic Signature of Signing Officer or Director — Date