

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000003649

Entity Name: VASTAR SALES GROUP, INC.

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

102 COLUMBIA DRIVE  
SUITE 102  
CAPE CANAVERAL, FL 32920

## **New Principal Place of Business:**

## **Current Mailing Address:**

1505 STAFFORD AVE  
MERRITT ISLAND, FL 32953

## **New Mailing Address:**

102 COLUMBIA DRIVE  
SUITE 102  
CAPE CANAVERAL, FL 32920

FEI Number: 59-3487998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

MOTT-IFLAND, HEIDI  
1505 STAFFORD AVE  
MERRITT ISLAND, FL 32952 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

## **OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOTT-IFLAND, HEIDI  
Address: 1505 STAFFORD AVE  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPD  
Name: IFLAND, DWIGHT D  
Address: 1505 STAFFORD AVE  
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby 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 all other like empowered.

SIGNATURE: HEIDI MOTT-IFLAND

PRES

03/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date