2004 FOR PROFIT CORPORATION

Apr 07, 2004 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P98000014015 1. Entity Name VCB, INC. Principal Place of Business Mailing Address 11733 2ND AVE. OCCA? 11733 2ND AVE. Ocean **VACA-KEY** MACA KEY MARATHON, FL 33050 MARATHON, FL 33050 03252004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0816293 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZIEGLER, DEB DO NOT WRITE 11733-2ND AVE OCEAN MARATHON, FL 33050 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U000000105411 Trust Fund Contribution. Added to Fees 04/07/04-80024-022 150.00 OFFICERS AND DIRECTORS 10. TITLE ZIEGLER, DEBORAH NAME STREET ADDRESS 11733-2ND AVE OCEAN MARATHON, FL 33050 CITY - ST - ZIP TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

NAME STREET ADDRESS CITY-ST-ZIP RILE NAME STREET ADDRESS

CITY-ST-ZIP

सहार NAME STREET ADDRESS CHY-ST-ZIP

NAME STREET ADDRESS CHY-SI-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Deborah Ziegler 4/5

FILED