

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000017087

1. Entity Name
VECTOR DESIGN, INC.



Principal Place of Business
**209-1 CESSNA BLVD
DAYTONA BEACH, FL 32124 US**

Mailing Address
**22801 VENTURA BLVD
SUITE 105
WOODLAND HILLS, CA 91364 US**



02092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number
95-4697236

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HOOD, CHARLES D JR
444 SEABREEZE BOULEVARD
SUITE 900
DAYTONA BEACH, FL 32118**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000111368
04/13/04-80014-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LATONA, JILL E
STREET ADDRESS	9517 VERLAINE CT
CITY-ST-ZIP	LAS VEGAS, NV 89145
TITLE	D
NAME	LATONA, VINCENT F
STREET ADDRESS	9517 VERLAINE CT
CITY-ST-ZIP	LAS VEGAS, NV 89145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 7, 2004

Date

818-703-0330

Daytime Phone #