

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000022309**

1. Entity Name

V A M A R' S, INC.



Principal Place of Business

2195 HARDEY ST.  
PORT CHARLOTTE FL 33980

Mailing Address

2195 HARDEY ST.  
PORT CHARLOTTE FL 33980



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number **65-0819521**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDO, MARJORIE B  
2195 HARDEY ST.  
PORT CHARLOTTE FL 33980

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 name is changed)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME LINDO, VARON  
STREET ADDRESS 2195 HARDEY ST.  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE ☐ Change ☐ Addition  
NAME **U00000092866U**  
STREET ADDRESS **05/21/08-80038-012 150.00**  
CITY-ST-ZIP

TITLE VS ☐ Delete  
NAME LINDO, MARJORIE B  
STREET ADDRESS 2195 HARDEY ST  
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: MARJORIE B LINDO **MARJORIE B LINDO** 4-9-08 (941) 766-1309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day:mo:year