


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000028261 1. Entity Name VIRTUAL BUSINESS NETWORK, INC.	
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Principal Place of Business 7545 W. UNIVERSITY AVENUE A GAINESVILLE, FL 32607	Mailing Address 7545 W. UNIVERSITY AVENUE A GAINESVILLE, FL 32607
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04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3541177	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LANE, THOMAS H JR 3601 SW 2ND AVENUE M GAINESVILLE, FL 32607	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000133429 04/27/04-80087-005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOTT, JOHN L 3601 S.W. 2ND AVENUE, SUITE M GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD MCCOY, GERALD H JR. 7545 W. UNIVERSITY AVENUE, SUITE M GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LANE, THOMAS H JR 3601 S.W. 2ND AVENUE, SUITE M GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 119.07(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: 1026 **4-26-04 3523316262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #