

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000045133

FILED
May 17, 2004
Secretary of State

Entity Name: DOUBLE V'S INC.

Current Principal Place of Business:

630 TARPON BAY RD
#8
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

630 TARPON BAY RD
#8
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0839893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMTANI, GULAB
8921 CYPRESS PRESERVE PL.
FT. MYERS, FL 33912 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAMTANI, GULAB
Address: 8921 CYPRESS PRESERVE PL.
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: SAMTANI, KAUSHILIA
Address: 8921 CYPRESS PRESERVE PL.
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GULAB SAMTANI

D

05/17/2004

Electronic Signature of Signing Officer or Director

Date