

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000060681

Entity Name: VACUUM DOCTOR, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

1894 TAMIAMI TR SOUTH
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

1894 TAMIAMI TR SOUTH
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-0849036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPE C.P.A ASSOCIATES, P.A.
126 SHAMROCK BLVD
VENICE, FL 34293 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROMINE, DAVID A
Address: 654 N ELM ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: VPD () Delete
Name: ROMINE, NATHAN D
Address: 2511 FIESTA DRIVE
City-St-Zip: VENICE, FL 34293

Title: VPD () Delete
Name: ROMINE, JASON
Address: 1071 DUQUESNE RD
City-St-Zip: VENICE, FL 34293

Title: ST () Delete
Name: ROMINE, KIM
Address: 654 N ELM ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: O () Delete
Name: ROMINE, MISTY D
Address: 2511 FIESTA DR
City-St-Zip: VENICE, FL 34293

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 exemption stated in Chapter 119, 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: MISTY ROMINE

O

04/29/2009

Electronic Signature of Signing Officer or Director

Date