


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000086510</b> 1. Entity Name <b>VIC CONSULTING, INC.</b>	
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Principal Place of Business <b>1156 CHENILLE CIRCLE WESTON FL 33327</b>	Mailing Address <b>1156 CHENILLE CIRCLE WESTON FL 33327</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number <b>65-0868039</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  <b>KLISTON, TODD W 8211 W. BROWARD BLVD., STE. 375 PLANTATION FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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's signature required when certifying)  
Signature, typed or printed name of registered agent and if applicable. 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			
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NAME	MEARS, MICHELLE	NAME		NAME		NAME	
STREET ADDRESS	1156 CHENILLE CIRCLE	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	WESTON FL 33327	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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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: *Michelle Mears* **Michelle Mears** 1-25-08 (954) 389-9219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR