

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2004 08:00 AM  
Secretary of State**

DOCUMENT # P98000087636

1. Entity Name  
VICTORIA PLAZA, INC.



Principal Place of Business  
1001-1099 W ORANGE BLSM TR  
APOPKA, FL

Mailing Address  
2113 VENETIAN WAY  
WINTER PARK, FL 32789



04212004 No Chg-P CR2E034 (10/03)

4. FCI Number 59-3548536	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

KEIRAN, JOSEPH M  
2113 VENETIAN WAY  
WINTER PARK, FL 32789

**DO NOT WRITE  
IN THIS SPACE**

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.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME KEIRAN, JOSEPH M  
STREET ADDRESS 2113 VENETIAN WAY  
CITY-ST-ZIP WINTER PARK, FL 32789

U00000137317  
04/28/04-80035-003 150.00

TITLE S  
NAME KEIRAN, VICTORIA F  
STREET ADDRESS 2113 VENETIAN WAY  
CITY-ST-ZIP WINTER PARK, FL 32789

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: *Joe K. Keiran*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 407-479-2281

Date

Day, Time, Phone #