

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90376 039 ***150.00

DOCUMENT # P98000103208

1. Entity Name
V.K.A. PROPERTIES, INC.



Principal Place of Business
5889 NW WESLEY RD
PORT SAINT LUCIE, FL 34986 US

Mailing Address
5889 NW WESLEY RD
PORT SAINT LUCIE, FL 34986 US

60024336



2. Principal Place of Business
861 W. MADISON PLACE
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc. SAME

City & State
Citrus Springs, FL
Zip 34434 Country US

City & State
City & State
Zip Country

03182006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0811609
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANDERSON, VICKY K
34986 NW WESLEY ROAD
PORT SAINT LUCIE, FL 34986
861 W. Madison Place
Citrus Springs, FL
34434

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: *Vickey K. Anderson* Pres. (Vickey K. Anderson, President) 3/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	PS	<input type="checkbox"/> Delete
NAME	ANDERSON, VICKY K	
STREET ADDRESS	5923 NW WOLVERINE ROAD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	V	<input type="checkbox"/> Delete
NAME	ANDERSON, JAMES C	
STREET ADDRESS	5923 NW WOLVERINE ROAD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986	
TITLE	V	<input type="checkbox"/> Delete
NAME	KENT, ETTA B	
STREET ADDRESS	2580 S.E. HAMDEN ROAD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	V	<input type="checkbox"/> Delete
NAME	KENT, RAY S JR	
STREET ADDRESS	2580 S.E. HAMDEN ROAD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	861 W. Madison Place	
STREET ADDRESS	Citrus Springs, FL 34434	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	861 W. Madison Place	
STREET ADDRESS	Citrus Springs, FL 34434	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Vickey K. Anderson* Pres. 3/30/06 352-465-1743
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Vickey K. Anderson, Pres.