2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000003927

1. Entity Name
VB PRODUCTS & SERVICES, INC.

Principal Place of Business	Mailing Address
872 BERKELEY STREET BOCA RATON, FL 33487	872 BERKELEY STREET BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

04072004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0887716	Not Applicable

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

6. Name and Address of Current Registered Agent

VON BERGEN, TOM R
872 BERKELEY STREET
BOCA RATON, FL 33487

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 _Tom Von B__ OWNER   4/8/04

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	VON BERGEN, TOM ROBERT	
STREET ADDRESS	872 BERKELEY STREET	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		
NAME		
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04/12/04--80015-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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.

OWNER

SIGNATURE: _Tom Von B__ TOM VON BERGEN   4/8/04   561-995-2177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #