

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000006326

1. Entity Name
VIRGINIA VOGT'S SHIP-N-MAIL INC.



Principal Place of Business
975 IMPERIAL GOLF COURSE, STE. 119
NAPLES, FL 34110

Mailing Address
975 IMPERIAL GOLF COURSE, STE. 119
NAPLES, FL 34110



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3555748

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THOMPSON, VIRGINIA V
975 GOLF COURSE BLVD., STE. 119
NAPLES, FL 34110

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 THOMPSON, VIRGINIA V
STREET ADDRESS 975 IMPERIAL GOLF COURSE BLVD
CITY-ST-ZIP NAPLES, FL 34110

TITLE
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CITY-ST-ZIP

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01/30/07-80086-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VIRGINIA V THOMPSON

Date

Daytime Phone #

239 591 4707