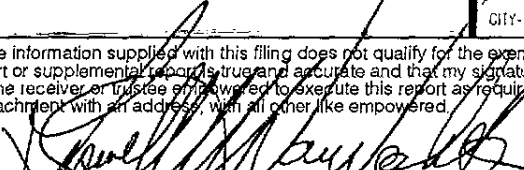


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000023550 1. Entity Name VAN VECHTEN & COMPANY, INC.					
Principal Place of Business 101 PLAZA REAL SOUTH SUITE 624 BOCA RATON FL 33432			Mailing Address P.O. BOX 99 BOCA RATON FL 33429		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0905483	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GROSSO, DOMENIC L ESQ. 3850 NW BOCA RATON BLVD., SUITE 4 BOCA RATON FL 33431			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VAN VECHTEN, LOWELL AMEY 101 PLAZA REAL SOUTH, SUITE 624 BOCA RATON FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT VAN VECHTEN, LOWELL AMEY 101 PLAZA REAL SOUTH, SUITE 624 BOCA RATON FL 33432	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	☐ Delete			
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 reports 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.			U000000335779 04/27/05-80099-015 150.00		
SIGNATURE: 			4/19/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		