


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90009 045 \*\*\*550.00

DOCUMENT # P99000041469			
1. Entity Name <b>VMS BUILDERS, INC.</b>			
Principal Place of Business 1515 PARK CENTER DRIVE SUITE 2D ORLANDO, FL 32835		Mailing Address 1515 PARK CENTER DRIVE SUITE 2D ORLANDO, FL 32835	
2. Principal Place of Business - No P.O. Box # <b>189 South orange Ave</b>		3. Mailing Address <b>189 South orange</b>	
Suite, Apt. #, etc. <b>Suite 1520 B</b>		Suite, Apt. #, etc. <b>Suite A 1520 B</b>	
City & State <b>Orlando, FL 32801</b>		City & State <b>Orlando, FL 32801</b>	
Zip <b>32801</b>		Zip <b>32801</b>	
Country <b>Orange</b>		Country <b>orange</b>	
4. FEI Number <b>59-3575980</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  DELISLE, STEVEN A. 1515 PARK CENTER DRIVE SUITE 2D ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name <b>DeLisle, Steven A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>189 South orange Ave Suite 1520 B</b> City <b>Orlando</b> FL <b>32801</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELISLE, STEVEN A 1515 PARK CENTER DRIVE STE 2D ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeLisle, Steven A 189 South orange Ave Suite 1520 B Orlando, FL 32801	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Date <b>5/19/08</b> Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			