2004 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE

NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

CITY-ST-ZIP

FILED Mar 29, 2004 8:00 am Secretary of State

Change

☐ Change

☐ Change

☐ Addition

Addition

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| | | | | | | | | , | . | |
|--|--|----------------------------------|-----------------------|----------------|---------------------|----------------------------|-------------------|---|--------------|------------|
| DOCUMENT # P99000080424 1. Entity Name VG SOUTHCAP PROPERTIES, INC. | | | | | | | 03-29-200 | - | | |
| Principal Plac | e of Business | Mailing Address | | | | | | | | |
| 10000 SW 52 AVE | | 10000 SW 52 AVE | - | | | | | | | |
| STE 72 | | STE 72 | | | | | | | | |
| GAINESVILLE, FL 32608 | | GAINESVILLE, FL 3 | GAINESVILLE, FL 32608 | | | | | | | |
| A D : : (F | 10 | | | | | | | | | |
| 2. Principal Place of Business 3. | | 3. Mailing Address | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite Ant # etc | | | | | | | |
| ound, Apr. #, otc. | | oulle, Apr. #, etc. | Suite, Apt. #, etc. | | | 03272004 | Chg-P | CR2E03 | 4 (10/03) | |
| City & State | | City & State | City & State | | | 4. FEI Number | | | Ar | plied For |
| , | | , | | | | 65-0948946 Not Applicabl | | | | |
| Zip | Country | Zip | Coun | itry | | | | | 8.75 Add | litional |
| | | | | | | 5. Certificate of S | Sialus Desireo | | ee Require | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Ad | dress of New F | Registered A | gent | |
| MYERS, C | `A DV 14/ | | | Name | | | | | | |
| 10000 SW | | | Street Address (| | | P.O. Box Number is | Not Acceptable | e) | · | |
| STE 72 | 027112 | | | | | | | <u>, </u> | | |
| GAINESVI | LLE, FL 32608 | | | | | | | | | |
| | | | | City | | | | FL | Zip Cod | e |
| O. The above | | | | 1 | | | | | 1 | |
| the obligat | named entity submits this statement factors of registered agent. | or the purpose or changing |) its registere | ea office o | r register | ed agent, or both, i | n the State of Fl | orida. I am fa | miliar with, | and accept |
| · | 5 | | | | | | | | | |
| SIGNATURE. | Signature, typed or printed name of registered agen | Lend title if applicable (1 | NOTE: Segistera | d Agent pignet | va required | when reinstating) | | DATE | | |
| | Signature, typed or printed marie or registered ager | t and the irapplicable. (i | NOTE: negistere | u Agent signat | ure required | when reinstating) | | DATE | | |
| FIL After M | E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550 | 9. Election Carr Trust Fund C | | ncing | \$5. Adde | 00 May Be ed to Fees | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | | ADDITIONS/CH | ANGES TO OFF | TICERS AND I | DIRECTOR | 3 IN 11 |
| TITLE | D | 🔀 Delete | TITLE | <u> </u> | D | | | | Change | X Addition |
| #MAME | WELLER, GLENN R | | NAMI | E | | ER, GLENN | | | | - |
| STREET ADDRESS | 2359 TREASURE ISLE DR, A39 | | | ET ADDRESS | 210 8 | SUNSET BAY | CT | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS, FL | 33410 | CITY | -ST-ZIP | PALN | I BEACH GA | RDENS, FL | 33418 | | |
| TIPLE | D | ☐ Delete | TITLE | | | · | | | Change | ☐ Addition |
| NAME | MYERS, GARY | | NAM | | | | | | | |
| STREET ADDRESS | 10000 SW 52 AVE STE 72 | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | | CITY | -ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | • | | | | | Change | ☐ Addition |
| NAME | | | NAM | _ | | | | | | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | i | | TOTY. | - ST - 7IP | ı | | | | | |

CITY-ST-ZIP

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.

TITLE

NAME

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STREET ADDRESS CITY-ST-ZIP

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SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELETED DATE OF SIGNING PROPERTY PROPERTY OF SIGNATURE PROPERTY PROPERTY OF SIGNATURE P