2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # \$12210 1. Entity Name 04-22-2004 90096 047 ***150.00 VACILIOS, INC. Principal Place of Business Mailing Address 252 BALD EAGLE RUN 252 BALD EAGLE RUN LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address 1601 SOUTH DUNCAN DR 1570 REBELLA MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3043438 ONGWOOD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired SEMINOL Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LIATSOS, ELENI G 252 BALD EAGLE RUN LAKE MARY FL 32746 Zip Code 779 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fe will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D TITL C ☐ Delete Change Change □ Addition LIATSOS GEORGE K LIATSOS, GEORGE K NAME NAME 1570 REBECCA PL STREET ADDRESS 252 BALD EAGLE RUN STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP DOOM SNO TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive 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. GEORGE LIATSOS 4-19-04 RORDIRECTOR Date SIGNATURE: Cen SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC Daytime Phone

FILED