2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# S16000

Entity Name: 7878 VICTOR, INC.

Current Principal Place of Business:

3906 EDEN ROC CIR W
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

3906 EDEN ROC CIR W
TAMPA, FL 33634

New Mailing Address:

FEI Number: 59-3036647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEFLOCH, EUGENE
3906 EDENROC CIR W
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LEFLOCH, EUGENE,
Address: 3906 EDEN ROC CIRCLE W.
City-St-Zip: TAMPA, FL 33634

Title: TD ( ) Delete
Name: CLEMENT, BRUCE
Address: 5843 SUNSET FALLS DR.
City-St-Zip: APOLLO BEACH, FL 33572

Title: D ( ) Delete
Name: SIERRA, FRANK
Address: 5420 WEBB RD C-2
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete
Name: DURLING, JAMES
Address: 1727 N. INDIAN ROCKS RD
City-St-Zip: BELLEAIR, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: WEBB, LLOYD
Address: 11518 RIVER COUNTRY DRIVE
City-St-Zip: RIVERVIEW, FL 33569

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE LEFLOCH PD 01/22/2009
Electronic Signature of Signing Officer or Director Date