


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90028 002 ***150.00

DOCUMENT # V62991
 1. Entity Name
VANDUSEN AND ASSOCIATES, INC.



Principal Place of Business Mailing Address
91 SAN JUAN DRIVE **91 SAN JUAN DRIVE**
UNIT #H-5 **UNIT #H-5**
PONTE VEDRA BEACH FL 32082 **PONTE VEDRA BEACH FL 32082**
US **US**



2. Principal Place of Business 3. Mailing Address
9150 NW Lake Jeffery Rd. **9150 NW Lake Jeffery Rd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 — —

1st MOORE CR2E034 (10/05)

City & State City & State
Lake City, FL **Lake City, FL**
 Zip Country Zip Country
32055 **Columbia** **32055** **Columbia**

4. FEI Number Applied For
59-3147543 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VANDUSEN, JON DAVID
91 SAN JUAN DRIVE
UNIT # H-5
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent
 Name
Jon David Van Dusen
 Street Address (P.O. Box Number is Not Acceptable)
9150 NW Lake Jeffery Road
 City State Zip Code
Lake City **FL** **32055**

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 *Jon David Van Dusen* **JON DAVID VAN DUSEN** **3/15/2006**
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
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VANDUSEN, JON DAVID	
STREET ADDRESS	91 SAN JUAN DRIVE UNIT #H-5	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9150 NW Lake Jeffery Road	
CITY-ST-ZIP	Lake City, FL 32055	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 *Jon David Van Dusen* **JON DAVID VAN DUSEN** **3/15/2006** **386/254-0346**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #