2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 24, 2006 8:00 am **Secretary of State** DOCUMENT # V62991 1. Entity Name 03-24-2006 90028 002 ***150.00 VANDUSEN AND ASSOCIATES, INC. Principal Place of Business Mailing Address 40000 \sim 91 SAN JUAN DRIVE UNIT #H-5 91 SAN JUAN DRIVE PONTE VEDRA BEACH FL 32082 US PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address 9150 NW Lake Jeffery Rd 9150 NW Lake Jeffery Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3147543 n Ke Not Applicable Columbia \$8.75 Additional 5. Certificate of Status Desired 32055 Columbia 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent VANDUSEN, JON DAVID Street Address (P.O. Box Number is Not Acceptable) 91 SAN JUAN DRIVE **UNIT # H-5** PONTE VEDRA BEACH FL 32082 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. of both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE! FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Oelete **X** Change TITLE ☐ Addition TITLE NAME VANDUSEN, JON DAVID NAME 9150 NW LAKe Jeffery Road LAKE City, FL 32055 STREET ADDRESS STREET ADDRESS 91 SAN JUAN DRIVE UNIT #H-5 PONTE VEDRA BEACH FL 32082 CITY-ST-7/P CUTY-ST-7IB ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

FILED