

2006 FOR PROFIT CORPORATION ANNUAL REPORT (A5)

FILED
Aug 21, 2006 8:00 am
Secretary of State

03-21-2006 90010 034 ***150.00

DOCUMENT # P05000083806

1. Entity Name

VINTAGE VAULTS, INC.



Principal Place of Business

107 WATERVIEW DRIVE
PALM BEACH GARDENS FL 33418

Mailing Address

107 WATERVIEW DRIVE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2974363

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, RHONDA
107 WATERVIEW DRIVE
PALM BEACH GARDENS FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SIMMONS, RHONDA
107 WATERVIEW DRIVE
PALM BEACH GARDENS FL 33418 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 4/06 5412521713

TO: jennifer COMPANY:

ATTACHMENT

Bank of America



Bank of America

Capture Date: 20060322 Sequence #: 6540186694

66023336
#P05000083506

RHONDA G. SIMMONS DBA VINTAGE VAULTS, INC. P. O. BOX 934 561-776-1713 JUPITER, FL 33468-0934		1409
DATE <u>March 4/06</u>		63-4/630 71 1024
PAY TO THE ORDER OF	<u>Florida Dept of State</u>	\$ <u>150.00</u>
<u>one hundred fifty dollars & 00/100</u>		DOLLARS
Bank of America	<u>Rhonda Simmons</u>	
ACH N/T 063100277	FOR [REDACTED]	

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009068798
MAR 21 2006
99722
1077206
BANK OF AMERICA, N.A.
1063006047 1 0630 01 P81
03/22/06
6540186694

No Electronic Endorsements Found