

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 543894

Entity Name: VINE & HARVEST, INC.

FILED  
Jan 13, 2005  
Secretary of State

## Current Principal Place of Business:

800 N. MAGNOLIA  
#209  
ORLANDO, FL 32803

## New Principal Place of Business:

300 SOUTH ORANGE AVENUE  
1200  
ORLANDO, FL 32801

## Current Mailing Address:

800 N. MAGNOLIA  
#209  
ORLANDO, FL 32803

## New Mailing Address:

300 SOUTH ORANGE AVENUE  
1200  
ORLANDO, FL 32801

FEI Number: 59-1793256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSEN, BARBARA  
800 N. MAGNOLIA  
201  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

LARSEN, BARBARA  
300 SOUTH ORANGE AVENUE  
1200  
ORLANDO, FL 32801 US

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:

01/13/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LARSEN, RICHARD  
Address: 800 N. MAGNOLIA #209  
City-St-Zip: ORLANDO, FL 32803

Title: SD ( ) Delete  
Name: LARSEN, BARBARA ANN  
Address: 800 N. MAGNOLIA #209  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: LARSEN, RICHARD  
Address: 275 BAYOU CIRCLE  
City-St-Zip: DEBARY, FL 32713

Title: SD (X) Change ( ) Addition  
Name: LARSEN, BARBARA R  
Address: 275 BAYOU CIRCLE  
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BARBARA LARSEN

SD

01/13/2005

Electronic Signature of Signing Officer or Director

Date