

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 580110

1. Entity Name

VYN-AC, INC.



Principal Place of Business

Mailing Address

1830 BAMBERG AVE
THE VILLAGES FL 32162-6788
US

1830 BAMBERG AVE
THE VILLAGES FL 32162-6788
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-1888723

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

SILVER, B A
1830 BAMBERG AVE
THE VILLAGES FL 32162

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 reorganizing)

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
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME SILVER, B A
STREET ADDRESS 1830 BAMBERG AVE
CITY-ST-ZIP THE VILLAGES FL 32162-6788

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1830 BAMBERG AVE
CITY-ST-ZIP THE VILLAGES FL 32162-6788

TITLE VTD ☐ Delete
NAME GRAY, LARI
STREET ADDRESS 580 RANCHETTE RD
CITY-ST-ZIP NEW SMYRNA BEACH FL 32166-9132

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ 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 life empowered.

SIGNATURE: VYN-AC, INC By [Signature] 2-1-06 800-342-8411