


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000005816</b> 1. Entity Name <b>VINTAGE RECONSTRUCTION, INC.</b>	
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Principal Place of Business <b>4703 SHAVANO OAK, SUITE 103 SAN ANTONIO, TX 78249</b>	Mailing Address <b>4703 SHAVANO OAK, SUITE 103 SAN ANTONIO, TX 78249</b>
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01252005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>74-2456132</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>ESSLINGER, JOHN 81681 OVERSEAS HIGHWAY ISLAMORADA, FL 33036</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000213411 02/03/05-80064-013 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC GRIVEL, LEON JR. 4703 SHAVANO OAK, SUITE 103 SAN ANTONIO, TX 78249
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUYS, KATHY 4703 SHAVANO OAK, SUITE 103 SAN ANTONIO, TX 78249
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>1/31/05 (210) 492-4171</b> <small>Date Daytime Phone #</small>
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