2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F39550

1. Entity Name
GREG VINE ENTERPRISES, INC.

Principal Place of Business

1730 HIDDEN PINES WAY
NOKOMIS, FL 34275

Mailing Address

1730 HIDDEN PINES WAY
NOKOMIS, FL 34275

01202004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2103524	Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VINE, GREGORY E
1730 HIDDEN PINES WAY
NOKOMIS, FL 34275

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VD
NAME	VINE, SUSAN
STREET ADDRESS	1730 HIDDEN PINES WAY
CITY-ST-ZIP	NOKOMIS, FL
TITLE	PD
NAME	VINE, GREGORY E
STREET ADDRESS	1730 HIDDEN PINES WAY
CITY-ST-ZIP	NOKOMIS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/28/04-80120-025 158.75

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Susan A Vine as Vice Pres.*   01/21/04   941-488-8143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
Susan A. Vine