

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90283 014 ***150.00

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|--|-----------------------------------|--|--|--|--|
| DOCUMENT # H92999 1. Entity Name VINCE WHIBBS IMPORTS, INC. | | | | | |
| Principal Place of Business 5651 PENSACOLA BLVD PENSACOLA, FL 32505-2545 | | | Mailing Address 5651 PENSACOLA BLVD PENSACOLA, FL 32505-2545 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2615302 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| MATTHEWS, EDESEL F., JR. 308 S JEFFERSON ST PENSACOLA, FL 32051 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 renewing) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | C <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WHIBBS, VINCE, SR. | NAME | | | |
| STREET ADDRESS | 5651 PENSACOLA BLVD | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 325052545 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WHIBBS, MARK T | NAME | | | |
| STREET ADDRESS | 5651 PENSACOLA BLVD | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 325052545 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WHIBBS, GREGORY | NAME | | | |
| STREET ADDRESS | 5651 PENSACOLA BLVD | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 325052545 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | WHIBBS, JOHN PAUL | NAME | | | |
| STREET ADDRESS | 5651 PENSACOLA BLVD | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 325052545 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BROWN, JACK | NAME | | | |
| STREET ADDRESS | 5651 PENSACOLA BLVD | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL 325052545 | CITY-ST-ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MATTHEWS, EDESEL F., JR. | NAME | | | |
| STREET ADDRESS | 308 S JEFFERSON ST | STREET ADDRESS | | | |
| CITY-ST-ZIP | PENSACOLA, FL | CITY-ST-ZIP | | | |
| 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 fee empowered. | | | | | |
| SIGNATURE: _____ | | _____ MARK T. WHIBBS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4/26/05 850-433-7671 <small>Date Daytime Phone #</small> | |