

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2006 08:00 AM
Secretary of State**

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**



03312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2615302	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MATTHEWS, EDESEL F., JR.
308 S JEFFERSON ST
PENSACOLA, FL 32051**

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE C
NAME WHIBBS, VINCE, SR.
STREET ADDRESS 5651 PENSACOLA BLVD
CITY-ST-ZIP PENSACOLA, FL 325052545**

**TITLE D
NAME WHIBBS, MARK T
STREET ADDRESS 5651 PENSACOLA BLVD
CITY-ST-ZIP PENSACOLA, FL 325052545**

**TITLE D
NAME WHIBBS, GREGORY
STREET ADDRESS 5651 PENSACOLA BLVD
CITY-ST-ZIP PENSACOLA, FL 325052545**

**TITLE D
NAME WHIBBS, JOHN PAUL
STREET ADDRESS 5651 PENSACOLA BLVD
CITY-ST-ZIP PENSACOLA, FL 325052545**

**TITLE D
NAME BROWN, JACK
STREET ADDRESS 5651 PENSACOLA BLVD
CITY-ST-ZIP PENSACOLA, FL 325052545**

**TITLE D
NAME MATTHEWS, EDESEL F., JR.
STREET ADDRESS 308 S JEFFERSON ST
CITY-ST-ZIP PENSACOLA, FL**

000000527213
05/04/06-80105-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK T WHIBBS

4/3/2006

Date

850-433-7671

Daytime Phone #