


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # J61650
 1. Entity Name
VINCI & ASSOCIATES, INC.



Principal Place of Business Mailing Address
7162 HUNT CLUB LANE **7162 HUNT CLUB LANE**
SEMINOLE, FL 33776 US **SEMINOLE, FL 33776 US**

DO NOT WRITE IN THIS SPACE



02112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2972869	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
VINCI, MARY J.
7162 HUNT CLUB LANE
SEMINOLE, FL 33776

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE: PSD
 NAME: VINCI, MARY J.
 STREET ADDRESS: 7162 HUNT CLUB LANE
 CITY-ST-ZIP: SEMINOLE, FL

TITLE: VTD
 NAME: VINCI, LOUIS J.
 STREET ADDRESS: 7162 HUNT CLUB LANE
 CITY-ST-ZIP: SEMINOLE, FL

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 NAME: _____
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 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 02/22/07-80033-011 150.00

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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: Mary Vinci Mary Vinci 02/14/07 (727)398-5666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #