

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # K84120

1. Entity Name
VINTAGE PAINTING, INC.



Principal Place of Business
**413 OAK PLACE
SUITE 4-I
PORT ORANGE, FL 32127 US**

Mailing Address
**PO BOX 290185
PORT ORANGE, FL 32129**



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2953507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VODENICKER, JERE
413 OAK PLACE
SUITE 4-I
PORT ORANGE, FL 32129**

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD VODENICKER, JERE 325 CROSSWAY LANE HOLLY SPRINGS, NC 27540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TURNER, NORMAN 17 LAZY EIGHT DR DAYTONA BEACH, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TURNER, TONYA 17 LAZY EIGHT DR DAYTONA BEACH, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS VODENICKER, JAMES 6 TIMBER TRAIL ORMOND BEACH, FL 32147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000605897
01/30/07-80056-023 150.00

**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: James R. Vodenicker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07
Date

386/760-0611
Daytime Phone #

JAMES R. VODENICKER/CFO