

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Jun 26, 2008 08:00 AM
Secretary of State



06232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2953507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VODENICKER, JERE
STREET ADDRESS 325 CROSSWAY LANE
CITY-ST-ZIP HOLLY SPRINGS, NC 27540

TITLE VPD
NAME TURNER, NORMAN
STREET ADDRESS 17 LAZY EIGHT DR
CITY-ST-ZIP DAYTONA BEACH, FL 32124

TITLE STD
NAME TURNER, TONYA
STREET ADDRESS 17 LAZY EIGHT DR
CITY-ST-ZIP DAYTONA BEACH, FL 32128

TITLE CFOS
NAME VODENICKER, JAMES
STREET ADDRESS 6 TIMBER TRAIL
CITY-ST-ZIP ORMOND BEACH, FL 32147

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000953374
06/26/08-80001-019 150.00

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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

6/23/08 386/760-0611
Date Daytime Phone #

JAMES R. VODENICKER / CFO