

**FOR PROFIT CORPORATION  
2011-2012 ANNUAL REPORT**

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # **p00000018843**

1. Entity Name

**William Vines & Associates**



**DO NOT WRITE IN THIS SPACE**

**FILED**  
**12 JUN -5 PM 2:26**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

2. Principal Place of Business - No P.O. Box #

**1129 S. Ridgewood Av.**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

**Daytona Beach**

City & State

4. FEI Number

**59-3639060**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name **William Vines**

Street Address (P.O. Box Number is Not acceptable)

**1129 S. Ridgewood Av.**

**Ste. 4**

City

**Daytona Beach**

FL

Zip Code

**32114**

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-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Trust Fund Contribution.

Added to Fees

E-mail Address:

**VinesWilliam@mail.com**

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**President**  
**William Vines**  
**1129 S. Ridgewood # 4**  
**Daytona Beach FL 32114**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**200207473982**  
**06/05/12--01004--011 \*\*150.00**

**200207473982**  
**05/10/11--01011--024 \*\*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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

**4-27-12**

**386-316-5390**

OK per Sean corrected AR was not submitted in 2011 but not received

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1. The first step is to identify the problem. This involves understanding the current situation and the goals that need to be achieved.