


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Aug 11, 2008 8:00 am  
Secretary of State

07-16-2008 90010 031 \*\*\*150.00

DOCUMENT # P00000041885	
1. Entity Name VINEYARD PRINTING, INC.	

\$150  
6138

Principal Place of Business 930 CARTER RD., STE. 206 WINTER GARDEN, FL 34787	Mailing Address 930 CARTER RD., STE. 206 WINTER GARDEN, FL 34787
--	--

66015844



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. 303 S. Lakeview Ave City & State Winter Garden FL Zip 34787 Country Orange	Suite, Apt. #, etc. 303 S. Lakeview Ave City & State Winter Garden FL Zip 34787 Country Orange

07112008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3640753	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ASMA, WILLIAM N 886 SOUTH DILLARD ST. WINTER GARDEN, FL 34787
--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--

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 re-registering) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$550.00  
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINEYARD, DEBRA L 930 CARTER RD STE 206 WINTER GARDEN, FL 34787 303 S. Lakeview Ave	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-08 407634-9544

# ATTACHMENT

66015844

August 6, 2008

Florida Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee FL 32314

Subject: Vineyard Printing, Inc.  
Ref. #: P00000041885

To Whom It May Concern:

Please be advised that I did not receive the original postcard this year only the Notice of Intent to Dissolve postcard.

Please remove the \$400.00 penalty fee and confirm that my report has been filed.

My cell number is 407.230.0372 and office number is 407.654.9544. Please call me if there are any questions as I am quite concerned about this matter.

I apologize for any inconvenience this may pose.

Sincerely,

Debra L. Vineyard  
Vineyard Printing Inc.  
Dba Graphic Arts Printing

