


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90056 022 \*\*\*150.00

|                                                |  |                                                                                   |
|------------------------------------------------|--|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P00000064576</b>                 |  |  |
| 1. Entity Name<br>VINTAGE ANTIQUES & ART, INC. |  |                                                                                   |

|                                                                     |                                                               |
|---------------------------------------------------------------------|---------------------------------------------------------------|
| Principal Place of Business<br>4105 W. DALE AVE.<br>TAMPA, FL 33609 | Mailing Address<br>16528 N. DALE MABRY HWY<br>TAMPA, FL 33618 |
|---------------------------------------------------------------------|---------------------------------------------------------------|

|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip                                            | Country | Zip                 | Country |

01122007 Chg-P CR2E034 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-3656514 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|-----------------------------------------------------------|--------------------------------|

|                                                               |  |                                                                                |  |
|---------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent               |  | 7. Name and Address of New Registered Agent                                    |  |
| SANDERS, WALTER<br>16528 N. DALE MABRY HWY<br>TAMPA, FL 33618 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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: <i>Walter Sanders</i><br>Signature, typed or printed name of registered agent and title if applicable.                                                                                                             | DATE: <i>4/29/07</i><br>(NOTE: Registered Agent signature required when reinstating) |

|                                                                                     |                                                                                     |                             |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------|

|                                                |                                                                                               |                                                       |                                                                                                                                                      |
|------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                               | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FITZGERALD, DEBRA<br>4105 W. DALE AVE<br>TAMPA, FL 33609 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>Fitzgerald, Debra<br>4612 Avenue Longchamps<br>Lutz, Florida 33558 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                               | TITLE<br>NAME<br>STREET ADDRESS<br>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 like empowered. |                         |                      |                                      |
| SIGNATURE: <i>Debra Fitzgerald</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <i>Debra Fitzgerald</i> | DATE: <i>4/29/07</i> | DAYTIME PHONE #: <i>813-362-0338</i> |