

. 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90033 045 ***150.00

DOCUMENT # P00000112863

1. Entity Name

PAUL VINCENT, INC.



Principal Place of Business
1008 LAKEVIEW DR.
EUSTIS FL 32726

Mailing Address
95 BLAINE ST.
EUSTIS FL 32726



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

1st MOORE

CR2E034 (10/07)

4. FEI Number
74-2989901

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~RAYNACK, AMELIA S~~
95 BLAINE ST.
EUSTIS FL 32726

Deceased
9-01-06

Name *Raynack, Harry F.*
Street Address (P.O. Box Number is Not Acceptable)
95 BLAINE ST

City *Eustis,* FL Zip Code *32726*

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

Harry F. Raynack

07-22-08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered agent signature required when changing agent.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	RAYNACK, PAUL V	
STREET ADDRESS	1008 LAKEVIEW DR.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	STD	☐ Delete
NAME	RAYNACK, HARRY F	
STREET ADDRESS	95 BLAINE ST.	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 duly empowered.

SIGNATURE:

Paul V. Raynack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 22, 2008 (352) 516-7569

DATE

TELEPHONE #