

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90024 022 ***150.00

DOCUMENT # P01000019799

1. Entity Name

BIENVENUE VINTAGE HOME, INC.



Principal Place of Business

**11840 US HWY 98 W
DESTIN FL 32550**

Mailing Address

**11840 US HWY 98 W
DESTIN FL 32550**

**104 WHITECLIFFS DR
SANTA ROSA Beach,
FL 32459**



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

3. Mailing Address

104 White Cliffs DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SANTA ROSA Beach

City & State

City & State

FL

Zip

Country

Zip

Country

32459

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-3700611

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

**HOPKINS, ANN
11840 US HWY 98 W
DESTIN FL 32550**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOPKINS, WILLIAM E
11840 US HWY 98 W
DESTIN FL 32550**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HOPKINS, ANN
11840 US HWY 98 W
DESTIN FL 32550**

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

TITLE ☐ Delete
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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 like empowered.

SIGNATURE:

ANN M. HOPKINS

**ANN M.
HOPKINS**

2-7-08

850-247-0071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #