

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90325 012 ***150.00

DOCUMENT # P02000022381 1. Entity Name VINCENT INDUSTRIES, INC.					
Principal Place of Business 3612 NW HWY 358 CROSS CITY, FL 32628			Mailing Address % DIXIE SPORTSMAN'S HUNTING LODGE PO BOX 1236 CROSS CITY, FL 32628-1236		
2. Principal Place of Business - No P.O. Box # 701 N. E. 297th AVE. Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 1236 Suite, Apt. #, etc.			
City & State CROSS CITY, FL Zip 32628 Country USA		City & State CROSS CITY, FL Zip 32628 Country USA		4. FEI Number 01-0608618	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent VINCENT, JIMMY E PRES 3612 NW HWY 358 CROSS CITY, FL 32628			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 701 N. E. 297th AVE City CROSS CITY FL FL Zip Code 32628		
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00			9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	PRES VINCENT, JIMMY E PRES 3612 NW HWY 358 CROSS CITY, FL 32628	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC VINCENT, MARY E SEC 3612 NW HWY 358 CROSS CITY, FL 32628	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/10/07 Daytime Phone # 352-498-3809		