

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002555

FILED
Apr 22, 2004
Secretary of State

Entity Name: VINTAGE GUN GRIPS, INC.

Current Principal Place of Business:

853 WATERWAY PL #117
LONGWOOD, FL 32750

New Principal Place of Business:

1544 SEMINOLA BLVD, STE 136
CASSELBERRY, FL 32707

Current Mailing Address:

853 WATERWAY PL #117
LONGWOOD, FL 32750

New Mailing Address:

1544 SEMINOLA BLVD, STE 136
CASSELBERRY, FL 32707

FEI Number: 16-1646859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONANO, JOY
853 WATERWAY PL #117
LONGWOOD, FL 32750

Name and Address of New Registered Agent:

GONANO, JOY
1544 SEMINOLA BLVD, STE 136
CASSELBERRY, FL 32707

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.

SIGNATURE:

04/22/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: GONANO, JOY
Address: 853 WATERWAY PL #117
City-St-Zip: LONGWOOD, FL 32750

Title: V () Delete
Name: GONANO, CHARLES
Address: 853 WATERWAY PL #117
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: GONANO, JOY
Address: 1544 SEMINOLA BLVD, STE 136
City-St-Zip: CASSELBERRY, FL 32707 US

Title: V (X) Change () Addition
Name: GONANO, CHARLES
Address: 1544 SEMINOLA BLVD, STE 136
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOY GONANO

PST

04/22/2004

Electronic Signature of Signing Officer or Director

Date