

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000002555

Entity Name: VINTAGE GUN GRIPS, INC.

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1544 SEMINOLA BLVD, STE 136  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

1544 SEMINOLA BLVD, STE 136  
CASSELBERRY, FL 32707

**New Mailing Address:**

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  
1544 SEMINOLA BLVD, STE 136  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOY GONANO

PRES

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date