

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90208 039 ***150.00

DOCUMENT # P03000028941

1. Entity Name
DR. VINYL OF THE SUNCOAST, INC.



Principal Place of Business
**1848 BLANTON AVE
NORTH PORT, FL 34288**

Mailing Address
**1848 BLANTON AVE
NORTH PORT, FL 34288**

40083006



2. Principal Place of Business - No P.O. Box #
**4411 BEE RIDGE ROAD
Suite, Apt. #, etc.
500**

3. Mailing Address
**4411 BEE RIDGE ROAD
Suite, Apt. #, etc.
500**

04182008 Chg-P CR2E034 (12/06)

City & State
**SARASOTA, FL
Zip
34233**

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**SARASOTA, FL
Zip
34233**

4. FEI Number
01-0771571

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**RIVERA, CALLAN D
1848 BLANTON AVE
NORTH PORT, FL 34288**

7. Name and Address of New Registered Agent

Name **RIVERA, CALLAN D**
Street Address (P.O. Box Number is Not Acceptable)
**4411 BEE RIDGE ROAD
500**
City **SARASOTA** FL **34233**

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 **Callan Rivera**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIVERA, CALLAN D 1848 BLANTON AVE NORTH PORT, FL 34288	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RIVERA, CALLAN D 4411 BEE RIDGE ROAD # 500 SARASOTA, FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-08