

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90015 017 \*\*\*150.00

<b>DOCUMENT # P03000086912</b>					
<b>1. Entity Name</b> VAN GUCCI INC					
<b>Principal Place of Business</b> 1633 MCGOWAN LN WESTVILLE, FL 32464			<b>Mailing Address</b> P O BOX 760 GENEVA, AL 36340		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0137977	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ELLENBURG, LISA 1136 ENGLISH LN WESTVILLE, FL 32464			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANHORNE, ROBERT C 1633 MCGOWAN LN WESTVILLE, FL 32464		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OZKAN Aydin Kutlu gun sok 216 Cebeci/Ankara Turkey	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLEISHMAN, LES 1633 MCGOWAN LN WESTVILLE, FL 32464		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Burak Aydin Kutlu gun sok 216 Cebeci/Ankara Turkey	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RAGUCCI, PETER 1633 MCGOWAN LN WESTVILLE, FL 32464		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OZKAN Aydin Kutlu gun sok 216 Cebeci/Ankara Turkey	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			President		
Date			2-1-06		
Daytime Phone #			904-430-2765		