

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P03000086912

1. Entity Name  
VAN GUCCI INC



Principal Place of Business  
1633 MCGOWAN LN  
WESTVILLE, FL 32464

Mailing Address  
P O BOX 760  
GENEVA, AL 36340

**DO NOT WRITE IN THIS SPACE**



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-0137977

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

ELLENBURG, LISA  
1136 ENGLISH LN  
WESTVILLE, FL 32464

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000625553  
02/14/07-80078-024 150.00

**10. OFFICERS AND DIRECTORS**

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 AYDIN, OZKAN KUTLU GUN SOK 2/6 CEBECI/ANKARA TURKEY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AYDIN, BURAK KUTLU GUN SOK 2/6 CEBECI/ANKARA TURKEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Daytime Phone #