



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000086912</b> 1. Entity Name VAN GUCCI INC	
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Principal Place of Business 1633 MCGOWAN LN WESTVILLE, FL 32464	Mailing Address P O BOX 760 GENEVA, AL 36340
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<b>DO NOT WRITE IN THIS SPACE</b>
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01112008 No Chg-P CR2E034 (11/05)	
4. FEI Number 20-0137977	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  ELLENBURG, LISA 1136 ENGLISH LN WESTVILLE, FL 32464
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000935089 05/23/08-80059-008 150.00
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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	

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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: <u>Robert C Van Horne</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>22 Apr 2008</u> <u>850-978-0161</u> <small>Date Daytime Phone #</small>