## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 17, 2008 8:00 am Secretary of State

DOCUMENT # P03000150487  1. Entity Name VINCE CORACI, INC.						04-17-20	008 9001 <i>6</i>		
i	ce of Business LAWN STREET FL 34231 US	Mailing Address 2316 ROSELAWN STRE SARASOTA, FL 34231	316 ROSELAWN STREET						
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4917 BROOKMEADE DR 4917 BROOKMEAU				DR					
Suite, Apt. #, etc. Suite, Apt. #, etc.					04112008	Chg-P	CR2E0	34 (12/06)	
City & Stat		City & State  SARASATA	FL		4. FEI Numb			$\rightarrow$	pplied For ot Applicable
Zip -	Country Zip Cou		Country	,	5. Certificate of Status Desired \$8.75 Addition				ditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
CORACI, VINCE A									
5783 SANDY POINTE DRIVE SARASOTA, FL 34231				Street Address (P.O. Box Number is Not Acceptable)  4917 BROOKMENDE OK					
OAIVAGO!	A, I E 07201								
				City SARA	1507A		FL	Zip Coo	e 232
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, (yield 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, 2008 Fee will be \$550.00  9. Election Campaign Financing \$5.0 Trust Fund Contribution.  Adde									
10.	OFFICERS AND D		11.		ADDITIONS/	CHANGES TO O	FICERS AND	DIRECTOR	S IN 11
NAME SIREET ADDRESS CITY-SI-ZIP	PASSING PRINCE A 5783 SANDY POINTE DRIVE SARASOTA, FL 34233	□ De lete	TITLE NAME STREET CITY-ST		917 BRO IRASONO	OKME ADI	E DK 3423	Change 2	Addition
TITLE	VP	☐ Delete	TITLE			<b>F</b>		☐ Change	☐ Addition
NAME STREET ADORESS CITY-ST-ZIP	PRICE, BLAINE E 7793 EAGLE CREEK DRIVE SARASOTA, FL 34243		NAME STREET / CITY-ST	ADDRESS -Zip					
TIFLE		☐ Delete -	NAME	-				,Change	- Didition
NAME SIRLET ADDRESS CITY+S1-ZIP				ADDRESS -ZIP				·	
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST	- ZIP				<u> </u>	
THLE NAME		☐ Delete	NAME					Change	Addition
STREET ADDRESS			STREET A	1					
CITY-\$1-ZIP		☐ Delete	CITY-ST TILLE	-214				Change	Addition
NAME	· · · · · · · · · · · · · · · · · · ·	Jointo	NAME					_ <b>*</b>	
STREET ADDRESS CITY-ST-ZIP	w · ·		STREET A						f
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.									