


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90060 016 ***150.00

DOCUMENT # P04000017153					
1. Entity Name VINES MECHANICAL, INC.					
Principal Place of Business P. O. BOX 1764 ORLANDO, FL 32802			Mailing Address P. O. BOX 1764 ORLANDO, FL 32802		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0659917	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHEFFLER, SCOTT S ESQ. 1030 N. ORANGE AVE., SUITE 102 ORLANDO, FL 32802				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP	NAME VINES, DUSTY DUSTIN	<input type="checkbox"/> Delete	TITLE VINES, DUSTIN	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 825 N. LAKE PLEASANT RD.	STREET ADDRESS VINES, DUSTIN				
CITY-ST-ZIP APOPKA, FL 32712	CITY-ST-ZIP VINES, DUSTIN				
TITLE NAME	TITLE NAME				
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	TITLE NAME				
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	TITLE NAME				
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME	TITLE NAME				
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			DUSTIN C. VINES		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
1-12-05			407-466-3542		
Daytime Phone #			40002970		