


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P04000052369 |  |
| 1. Entity Name DR. VINYL OF NORTH CENTRAL FLORIDA INC. | |

| | |
|---|---|
| Principal Place of Business 5855 N.E. 62ND COURT RD. SILVER SPRINGS, FL 34488 | Mailing Address 5855 N.E. 62ND COURT RD. SILVER SPRINGS, FL 34488 |
|---|---|

DO NOT WRITE IN THIS SPACE

04082008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 33-1089604 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

GOOSEY, NATHAN W
5855 N.E. 62ND COURT RD.
SILVER SPRINGS, FL 34488

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: Nathan Goosey President Nathan Goosey 4/9/08
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, 2008 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

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P GOOSEY, NATHAN W 5855 N.E. 62ND COURT RD. SILVER SPRINGS, FL 34488 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S GOOSEY, JENNIFER L 5855 N.E. 62ND COURT RD. SILVER SPRINGS, FL 34488 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

U000000889245
04/22/08-80045-011 150.00

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: Nathan Goosey 4/9/08 352-682-6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #