

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000074539

Entity Name: VINTAGE ELECTRIC, INC.

FILED
May 22, 2009
Secretary of State**Current Principal Place of Business:**18519 SW 67TH AVENUE
ARCHER, FL 32618**New Principal Place of Business:****Current Mailing Address:**18519 SW 67TH AVENUE
ARCHER, FL 32618**New Mailing Address:**

FEI Number: 20-1098580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:BUTTS, ROBERT P ESQ
FISHER BUTTS SEACHREST & WARNER PA
5200 SW 91ST TERRACE SUITE 101
GAINESVILLE, FL 32608 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: DP () Delete
Name: MCGRAW, MICHAEL E SR
Address: 18519 SW 67TH AVENUE
City-St-Zip: ARCHER, FL 32618Title: V () Delete
Name: PERKINS, MARK A
Address: 12911 NE 75TH STREET
City-St-Zip: BRONSON, FL 32621**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: V (X) Change () Addition
Name: MCGRAW, CARLA K
Address: 18519 SW 67TH AVENUE
City-St-Zip: ARCHER, FL 32618

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT P BUTTS

RA

05/22/2009

Electronic Signature of Signing Officer or Director

Date