

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90049 016 ***300.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000146046

1. Entity Name
VINCE SMITH INC.



Principal Place of Business
**880 14TH ST. N.E.
WINTER HAVEN, FL 33881**

Mailing Address
**880 14TH ST. N.E.
WINTER HAVEN, FL 33881**



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1766593

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, VINCE
880 14TH ST. N.E.
WINTER HAVEN, FL 33881**

***DID NOT RECEIVE ANNUAL
REPORT NOTICE**

**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

**Vince Smith*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5 9 06

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PV
SMITH, VINCE
880 14TH ST. N.E.
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
SMITH, JAMES
6637 SPINNET DR.
LAKE WALES, FL 33853**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
ROSE, RAECHEL
880 14TH ST. N.E.
WINTER HAVEN, FL 33881**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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:

Vince Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5 9 06

Daytime Phone #