

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

04-28-2006 90162 023 ***150.00

DOCUMENT # P04000165257 1. Entity Name VINCITORE, INCORPORATED					
Principal Place of Business 2009 LONGWOOD LAKE MARY RD. SUITE 1015 LONGWOOD, FL 32750 US			Mailing Address 2009 LONGWOOD LAKE MARY RD. SUITE 1015 LONGWOOD, FL 32750 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MUNIZZI, LEE 2009 LONGWOOD LAKE MARY RD. LONGWOOD, FL 32750				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MUNIZZI, LEE 2009 LONGWOOD LAKE MARY RD. LONGWOOD, FL 32748		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MUNIZZI, JOHN 2009 LONGWOOD LAKE MARY RD. LONGWOOD, FL 32750		☐ Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		☐ Change ☐ Addition		
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 supplementary 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: LEE MUNIZZI MGRM 4-24-06 407 771-4442 SIGNATURE AND TYPED PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #					



04032006 Chg-P CR2E034 (11/05)

4. FEI Number **34-2065119** Applied For ☒ Not Applicable ☐

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