## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 31, 2008 8:00 am Secretary of State

									,	- J	0 - 10 -	
DOCUMENT # P04000165257  1. Entity Name VINCITORE,INCORPORATED									03-31-20	08 90002	: 042 ***15	50.00
Principal Place of Business Mailing Address												
2009 LONGWOOD LAKE MARY RD. 2009 LONGWOOD LAKE MARY												
SUITE 1015 SUITE 1015						KU.						
LONGWOOD, FL 32750 US LONGWOOD, FL 32750 US												
LONGINGOD, 12 32/30 03											L BIND NOON DEN A	D(11) () (15)
Principal Place of Business - No P.O. Box #     3. Mailing Address												
				J. Manny Moress				1 100000		87181   878   87		
Suite, Apt. #, etc.			-	Suite, Apt. #, etc.								
Carta, April 11, Cita.				Soile, Apt. #, etc.				0125200	8 Chg-P	CR2I	E034 (12/06)	
City & State			_	City & State				4. FEI Nur	nhor		ΙΔ.	oplied For
Oily a state				City & State			34-2065119					ot Applicable
Zip Country			-	Zip	Cour	ntry		J7-21	700110		\$8.75 Ad	
2.10	Country			210		Country		5. Certifica	ate of Status Desire	ed 🗌	Fee Require	
6. Name and Address of Current			nt Pagis	Parietored Appet			7. Name and Address of New Registered Agent					<del></del>
	O. IVallie	and Addiess of Carre	in Negis	itered Agent		Name		7. Haine a	ila Addiess of Ne	# IXEGISTER	u Agent	
MUNIZZI, LEE						136776						
2009 LONGWOD LAKE MARY RD., SUITE 1015						Street Ac	idress (I	P.O. Box Nur	nber is Not Accept	able)		
LONGWOOD, FL 32750												
LONG PROCED, T.C. 02700												
						City					17:0-	
,										F	L Zip Cod	ie.
8. The above	named entit	y submits this statemen	t for the r	ourpose of changing it	s register	red office or	reaister	ed agent, or	both, in the State of	f Florida. La	m familiar with,	and accept
	tions of regis		,	,	5		-5					
		•										
SIGNATURE Symptotic synety or printed name of registered agent and title if applicable. (INCTE: Registered Agent signature required when reinstating)  DATE												
	Signature, types	ror brinted name or registered ag	gera and mie	r accircable. Inc	o E. Hegister	6d Agent signatu	re required	when reinstating)		DATE	=	
				0 Florian Como	nian Einn	naina	*-	00				
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.							<b>&gt;⊃.</b> Add	.00 May Be ed to Fees				
Aite W	ay 1, 200	o ree will be \$55	0.00			. 📙		00 10 7 000				
10.		OFFICERS AN	ND DIREC	CTORS	11.			AOITIOOA	S/CHANGES TO	OFFICERS A	ND DIRECTOR	IS IN 11
TITLE	P			☐ Delete	TITL	.£					☐ Change	Addition
NAME	MUNIZZI, LEE			_ 500.0	MAM							*
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·					EET ADDRESS		STE	1015			
CITY-ST-ZIP LONGWOOD, FL 32746						Y-ST-ZIP			• • -			
TITLE S Delete										· · · · · · · · · · · · · · · · · · ·	□ Change	Addition
NAME					3717 AA11						☐ Change	Addition
STREET ADDRESS	•					-		STE	1015			
						EET ADDRESS Y-ST ZIP		316	1010			
-												
TITLE				☐ Delete	TITL						Change	Addition
NAME	-				E MAN							i
STREET ADDRESS						EET ADDRESS						
CITY-ST ZIP					CIII	Y-S1 ZIP						
IIILE				☐ Delete	fitt	.t					☐ Change	Addition
NAME					/AA⊬1	AE.						
STREET ADDRESS					STR	EET ADDRESS						
CITY-ST-ZIP					CiT	Y-ST-ZIP						
TITLE				☐ Delete	TITE	,					☐ Change	Addition
NAME				L Delete	NAM						onenge	
STREET ADDRESS						LE1 ADDRESS						
CITY-ST-ZIP						Y-ST-ZIP						
ļ		<del></del>									[] (t	
TILE Delete IIIL						1					Change	☐ Addition
NAME	1				NAN	ΛE [						

12. I hereby certify that the information supplied with the filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with the filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplied with the information of the corporation or the received of the corporation of the corporation or the received o

STREET ADDRESS CHTY-ST-ZIP

SIGNATURE:

STREET ADDRESS

011Y-S1-2IP

E. Lee Munizzi

3/28/08

407-771-4442

Dayline Flore #