2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

6 BUTTONWELL LN

PALM COAST, FL 32137

DOCUMENT # P04000172230

1. Entity Name

6 BUTTONWELL LN

PALM COAST; FL 32137

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

VINCENT LINES INC

FILED Apr 25, 2005 8:00 am Secretary of State

	04-25-2005 90303 025 ***150.00
US	50043526
	04212005 Chg-P CR2E034 (10/03)
	4. FEI Number Applied For
	2 o 2 o 5 6 4 1 / Not Applica
ountry	5. Certificate of Status Desired S8.75 Additional Fee Required

ble Zip C 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VINCENTE, WALTER 6 BUTTONWELL LN Street Address (P.O. Box Number is Not Acceptable) PALM COAST, FL 32137 City 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, typed or printed name of register DATE and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change VICENTE, WALTER NAME NAME STREET ADDRESS 6 BUTTONWELL LN STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME VICENTE, DOLLY NAME STREET ADDRESS **6 BUTTONWELL LN** STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32137 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trustge 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 or per like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME

F SIGNING OFFICER OF DIRECTOR

4-21>05

386 446 1313