


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90024 030 \*\*\*550.00

**DOCUMENT # P05000073128**

1. Entity Name  
**VIN DEL SOL, INC.**



Principal Place of Business      Mailing Address  
**39343 HARBOR HILLS BOULEVARD**      **39343 HARBOR HILLS BOULEVARD**  
**THE VILLAGES, FL 32159**      **THE VILLAGES, FL 32159**

2. Principal Place of Business      3. Mailing Address  
**806 San Marino Dr.**      **(same)**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**The Villages, FL**      **(same)**

Zip      Country      Zip      Country  
**32159**      **Sumter**



07132006      Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**20-3244976**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**MAGRUDER, MICHAEL C**  
**203 S. CLYDE AVENUE**  
**KISSIMMEE, FL 34741**

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: *Sandra Vermillion*      DATE: 7-20-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

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	<b>P</b> <b>COYNE, VINCE</b> <b>39343 HARBOR HILLS BLVD.</b> <b>THE VILLAGES, FL 32159</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>VERMILLION, SANDRA</b> <b>39343 HARBOR HILLS BLVD.</b> <b>THE VILLAGES, FL 32159</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Sandra Vermillion*      DATE: 7-20-06

Signature and typed or printed name of signing officer or director      Date      Daytime Phone #