2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 8:00 am Secretary of State

04-12-2007 90026 018 ***158.75

1. Entity Nam	MENT # P0600007 REATIONS, INC.	4328		Silveni					
Principal Plac	e of Business	Mailing Address		40057	733				
6074 BALSA COCOA, FL		6074 BALSAM ST COCOA, FL 32927 U	S						
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc		03202007 Chg-l	CR2E	034 (12/06)			
City & Stat	e	City & State		4. FEI Number 20-49567	 247	· · · · · · · · · · · · · · · · ·	oplied For		
Zip	Courtry	Zip	Country	5. Certificate of Status D		\$8.75 Add	titional		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of	f New Registered	Agent			
HOON, TO 6074 BALS COCOA, F	SAM ST:`	, .	Name Street Address	s (P.O. Box Number is Not Ac	ceptable)				
		,•	City		FL	Zip Cod	е		
the obligat	e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age. E NOWIII FEE IS \$150.00	nt and title if applicable. (NOTE 9. Election Campaig	Registered Agent signature requirements and representations and representations are requirements.	fred when reinstating) 5.00 May Be	DATE				
After M	ay 1, 2007 Fee will be \$550	.DO Trust Fund Contril	bution. L Ai	dded to Fees					
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AN				
TITLE NAME STREET ADDRESS CITY-ST ZIP	PVST HOON, TODD 6074 BALSAM ST COCOA, FL 32927	☐ Delete	TITLE HAME STREET ADDRESS CITY S1-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOON, TODD 6074 BALSAM ST COCOA, FL 32927	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST ZIP			☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	Addition ·		
TITLE NAME STREET ADDRESS		☐ Delete	TIFLE NAME STREET ADDRESS			☐ Change	Addition		

12. I hereby certify that the information supplied with this filling 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

CITY-ST-ZIP

STREET AUDRESS

STREET ADDRESS

CITY ST ZIP

CITY-ST-ZIP

HILE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TIFLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

4/6/7 407-436-2115

☐ Change

☐ Change

Addition

Addition

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000074328 1. Entity Name VINYL CREATIONS, INC.						ATTACHMENT					
6074 BALSAM ST				Mailing Address 6074 BALSAM ST COCOA, FL 32927 US							
Principal Place of Business - No P.O. Box # 3. Mailing Address					•		$\neg \vdash H$				
Suite, Apt. #, etc.				Suite, Apt. #, etc.			03202007	Chg-P	CR2E0	34 (12/06)	
City & State				City & State			4. FEI Numb	er			oplied For ot Applicable
Zip		Country		Zip	Cour	ntry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
HOON, TODD 6074 BALSAM ST COCOA, FL 32927						Street Address	s (P.O. Box Numb	er is Not Acceptab	le)		
						City			FL	Zip Cod	e
8. The above the obligat	named entit	y submits this streed agent.	atement for the p	ourpose of changing its	s register	ed office or regist	ered agent, or bo	th, in the State of F		familiar with,	and accept
SIGNATURE				·							
	Signature typed	or printed name of reg	pistered agent and bile			d Agent signature requii			DATE		
		FEE IS \$15 7 Fee will be		9. Election Campa Trust Fund Con		_	5.00 May Be ided to Fees				
10.	DVOT	OFFIC	ERS AND DIREC		11.		ADDITIONS	CHANGES TO OF	FICERS AND	****	
TITLE NAME STREET ADDRESS	PVST HOON, TO 6074 BAL	SAM ST		☐ Delete	NAM STRE	1				☐ Change	Addition .
CITY ST ZIP	D COCOA,	FL 32927		☐ Delete	CITY	ST ZIP				☐ Change	Addition
NAME STREET ADDRESS CITY-S1-ZIP				EET ADDRESS S1 ZIP							
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	1	1			,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CHY-S1-ZIP				☐ Delete						☐ Change	Addition
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date of the property of the property of the printed Name of the property of the proper											