

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000057908

Entity Name: GRAPEVINE 2, INCORPORATED

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

5121 MELBOURNE STREET
RESTAURANT & CLUBHOUSE
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

1777 TAMIAMI TRAIL,
SUITE 400
PORT CHARLOTTE, FL 33948

Current Mailing Address:

P. O. BOX 380909
% CALLAN
MURDOCK, FL 339380909

New Mailing Address:

FEI Number: 26-0904698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALLAN, ROBERT
1777 TAMIAMI TRAIL
SUITE 400
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PARK, THOMAS
Address: 5116 MELBOURNE STREET, UNIT 1203
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VPSD () Delete
Name: PARK, JANICE A
Address: 5116 MELBOURNE STREET, UNIT 1203
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: PARK, ASHLEY
Address: 5116 MELBOURNE STREET, UNIT 1203
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D () Delete
Name: CALLAN, ROBERT
Address: 1777TAMIAMI TRAIL, SUITE400, P.O.BX380909
City-St-Zip: PORT CHARLOTTE, FL 339380909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT CALLAN

D

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date