

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000056584

FILED  
Jun 17, 2009  
Secretary of State

Entity Name: VINO ROSSO DI AMORE ENTERPRISES, INC

## Current Principal Place of Business:

224 NORTH MAIN STREET  
CRESTVIEW, FL 32536 56

## New Principal Place of Business:

## Current Mailing Address:

5817 EAST DOGWOOD DRIVE  
CRESTVIEW, FL 32539 56

## New Mailing Address:

FEI Number: 26-2770028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ODOM, CHRISTOPHER R  
5818 EAST DOGWOOD DRIVE  
CRESTVIEW, FL 32539 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: P ( ) Delete  
Name: ODOM, CHRISTOPHER R  
Address: 5817 EAST DOGWOOD DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: VP ( ) Delete  
Name: KELLEY, TAMMY D  
Address: 3503 SHIREY COURT  
City-St-Zip: CRESTVIEW, FL 32539

Title: S ( ) Delete  
Name: ODOM, JACKIE A  
Address: 5817 EAST DOGWOOD DRIVE  
City-St-Zip: CRESTVIEW, FL 32539

Title: T ( ) Delete  
Name: LEO, A. R  
Address: 277 CAROL DRIVE  
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Delete  
Name: LEO, TERESA C  
Address: 277 CAROL DRIVE  
City-St-Zip: CRESTVIEW, FL 32439

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ODOM, CHRISTOPHER R  
Address: 3503 SHIREY COURT  
City-St-Zip: CRESTVIEW, FL 32539

Title: VP (X) Change ( ) Addition  
Name: KELLEY-ODOM, TAMMY D  
Address: 3503 SHIREY COURT  
City-St-Zip: CRESTVIEW, FL 32539

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: TERESA C. LEO

D

06/17/2009

Electronic Signature of Signing Officer or Director

Date