

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State

07-21-2004 90020 009 ***558.75

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DOCUMENT # P92000011644

1. Entity Name
CINCO GRANDE, INC.



Principal Place of Business
**500 NE 8TH AVE
OCALA, FL 34470**

Mailing Address
**352 CROMPTON STREET
CHARLOTTE, NC 28273 US**

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3158198

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKEEVER, JOHN P PA
500 NE 8TH AVE
OCALA, FL 34470**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	BRUCH, DUANE H
STREET ADDRESS	352 CROMPTON STREET
CITY-ST-ZIP	CHARLOTTE, NC 28273
TITLE	VT
NAME	GOLDBERG, MAXWELL
STREET ADDRESS	2880 LE BATEAU DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	V S
NAME	MUNGENAST, DAVE
STREET ADDRESS	5939 SOUTH LINDBERGH BOULEVARD
CITY-ST-ZIP	ST LOUIS, MO 63123
TITLE	V
NAME	VAUGHAN, ROGER
STREET ADDRESS	5101 S NICHOLS ST
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	V
NAME	SCHWARTZ, SAM
STREET ADDRESS	130 WOODMERE BLVD., SOUTH
CITY-ST-ZIP	WOODMERE, NY 11598
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

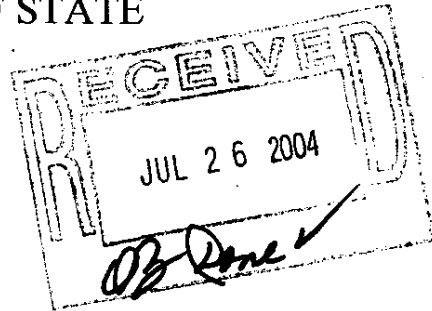


FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 23, 2004

CINCO GRANDE, INC.
352 CROMPTON STREET
CHARLOTTE, NC 28273 US



Subject: CINCO GRANDE, INC.

Reference Number: P92000011644

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$558.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/al
ANNUAL REPORTS SECTION

*Attached is, EXECUTED PER
YOUR REQUEST to THANK YOU*

*P.S. I THOUGHT THE
INITIALS IN FRONT OF
NAMES SIGNIFIED TITLE? OB*

*Handwritten Document
Randy H. Huch
President*

Copy File (2 pages)