2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# P93000008861

Entity Name: GRAPEVINE CATERING, INC.

Current Principal Place of Business:

1255 BELLE AVE
SUITE 172
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1255 BELLE AVENUE
SUITE 172
WINTER SPRINGS, FL 32708

New Mailing Address:

1255 BELLE AVE
SUITE 172
WINTER SPRINGS, FL 32708

FEI Number: 59-3162066 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MYERS, THOMAS
1115 S PALMETTO AVE
SANFORD, FL 32771 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: MYERS, JUDITH A
Address: 1115 S PALMETTO AVE
City-St-Zip: SANFORD, FL 32771

Title: VS ( ) Delete
Name: MYERS, VICKI L
Address: 127 EDGEWATER CIRCLE
City-St-Zip: SANFORD, FL 32771

Title: V ( ) Delete
Name: MYERS, ERIN M
Address: 1115 S PALMETTO AVE
City-St-Zip: SANFORD, FL 32771

Title: T ( ) Delete
Name: MYERS, THOMAS C
Address: 1115 S PALMETTO AVE
City-St-Zip: SANFORD, FL 32771

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: JUDITH A. MYERS PRES 04/09/2008

Electronic Signature of Signing Officer or Director — Date