2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # P95000060935 1. Entity Name THE VINTAGE GROUP, INC.					04-04-2005 90094 037 ***150.00					
Principal Place of Business N		Mailing Address						500	33613	
34 INDUSTRIAL LOOP NORTH 195		34 INDUSTRIAL LOOP NORTH 195						300	3301	
ORANGE PARK, FL 32073 US		ORANGE PARK, FL 32073 US				NE BUK BUK BEK E	(811) 881/8 8/11/1 BB)/1		/	
		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03292005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Number 59-3327	961		<u> </u>	plied For at Applicable	
Zip	Country	Zip	Country		5. Certificate of			8.75 Add		
	6. Name and Address of Current Re	egistered Agent	Name		7. Name and A	ddress of New		,		
LINDER, JERRY L JR.						•			•	
2284 EMILYS WAY GREEN COVE SPRINGS, FL 32043			\$treet/	Street Address (P.O. Box Number is Not Acceptable) 360 Sophia Terrace						
			City					T =:- 0		
			Sair	nt Au	gustin	e	<u>FL</u>	3209	3 5	
the obligat	named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent and		E Registered Agent signal		-	, in the State of F	DATE	miliar with,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.					00 May Be d to Fees					
10.	OFFICERS AND D	RECTORS	11,		ADDITIONS/C	HANGES TO OF	FICERS AND [DIRECTOR	\$ IN 11	
TITLE NAME	PD LINDER, JERRY L JR	☐ Delete	TITLE NAME					Change	Addition Addition	
STREET ADDRESS	360 SOPHIA TERRACE		STREET ADDRESS							
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095		CITY-ST-ZIP							
TITLE NAME	VTD SILVERFIELD, GARY	☐ Delete	TITLE					Change	Addition	
STREET ADDRESS	7684 SAWTIMBER LANE		NAME STREET ADDRESS							
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP						,	
TITLE	VSD .	☐ Delete	TITLE					Change	Addition	
NAME STREET ADDRESS	ATKERSON, CHARLES 1260 POINTE VERDA BLVD.		NAME STREET ADDRESS	1260	Ponte	Vedra	Blvd-	٠.		
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 3208	2	CITY-ST-ZIP							
TITLE		☐ Delete	TITLE		************			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP	}						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME CTOCCT ADDDCCC			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME				•	•		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
	Cortify that the information cumplied with the	di filipa dana ant puntifu for	46	<u></u>						

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.

SIGNATURES.

Jerry L. Linder, Jr.

3-31-04

Date

904-278-5555 Daytime Phone #