

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90012 045 ***150.00

DOCUMENT # P96000025452

1. Entity Name

VINCE'S SPORTS ROOM, INC.



Principal Place of Business

4255 US 1 S UNIT 11
ST AUGUSTINE FL 32086

Mailing Address

6708 HIDDEN CREEK BLVD
ST AUGUSTINE FL 32086

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

59-3372655

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CALCAGNI, VINCENT R
6708 HIDDEN CREEK BLVD
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME CALCAGNI, VINCENT R
STREET ADDRESS 3385 COASTAL HIGHWAY UNIT 26
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE DS ☐ Delete
NAME MCKERNAN, DOREEN
STREET ADDRESS 3385 COASTAL HIGHWAY UNIT 26
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE DV ☐ Delete
NAME MAYR, EDWARD
STREET ADDRESS 6849 W CALUMET CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE DT ☐ Delete
NAME MAYR, CANDY L
STREET ADDRESS 6849 W CALUMET CIRCLE
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME CALCAGNI, VINCENT R
STREET ADDRESS 6708 HIDDEN CREEK BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE DS ☒ Change ☐ Addition
NAME MCKERNAN, DOREEN
STREET ADDRESS 6708 HIDDEN CREEK BLVD
CITY-ST-ZIP ST AUGUSTINE FL 32086

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Vincent R Calcagni* VINCENT R. CALCAGNI

Feb 12, 04

1-904
794-0261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #