


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000070835	
1. Entity Name GRAPEVINE TRADING CO.	

Principal Place of Business 400 VICTORY DRIVE SPRINGBORO, OH 45066 US	Mailing Address 400 VICTORY DRIVE SPRINGBORO, OH 45066 US
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0690770** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHNER, JEFF
3701 FAU BLVD., #300
BOCA RATON, FL 33431**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KANTOR, DAVID A 3701 FAU BLVD., STE 300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZ, HENRY 400 VICTORY DRIVE SPRINGBORO, OH 45066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KNUE, ELLEN E 400 VICTORY DRIVE SPRINGBORO, OH 45066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SCHNER, JEFF 3701 FAU BLVD., STE 300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/01/06-80001-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **VP** **4/12/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #