2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State
03-10-2008 90050 010 ***150.00

DOCUMENT # P98000014074

1. Entity Name
INTERCOASTAL VINTAGE CORP.

40041167

Principal Place of Business	Mailing Address
124-A NORTH 2ND STREET FORT PIERCE, FL 34950	124-A NORTH 2ND STREET ~~SUITE 310~~ FORT PIERCE, FL 34950

02272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	124-A North 2nd St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ft. Pierce FL
Zip / Country	Zip: EE 34950 / Country: USA

4. FEI Number: 65-0813739 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STROUP, JAMES W ESQ. JAMES W. STROUP, P.A. 119 SOUTHEAST 12TH STREET FORT LAUDERDALE, FL 33316-1813	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: Hans E Kraaz
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KRAAZ, HANS E JR. 3307 N INDIAN RIVER DRIVE FORT PIERCE, FL 34946	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Hans E. Kraaz 2-29-05 772.464.5885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #