

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000018867

1. Entity Name
VINE RIPE SPECIALTIES, INC.



Principal Place of Business

13873 PINE VILLA LN
FT MYERS, FL 33912

Mailing Address

6900-29 DANIELS PKWY
P.M.B. 297
FT. MYERS, FL 33912

DO NOT WRITE IN THIS SPACE



08052005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0904920

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIFFIN, DONALD S
13873 PINE VILLA LN
FT MYERS, FL 33912

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IN THIS SPACE**

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, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRIFFIN, DONALD S
STREET ADDRESS	13873 PINE VILLA LN
CITY-STATE-ZIP	FT MYERS, FL 33912
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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08/15/05-80005-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #