


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000019927		
1. Entity Name WINES DEMOLITION INC.		
Principal Place of Business 1395 REED CANAL RD. PORT ORANGE, FL 32129	Mailing Address 3495 S. CLYDE MORRIS BLVD. PORT ORANGE, FL 32129	



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3012980	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WINES, VANESSA
139 5REED CANAL RD.
PORT ORANGE, FL 32129**

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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	WINES, VANESSA 401 KATHERINE ST SOUTH DAYTONA, FL 32119
TITLE D	WINES, BRANDON 575 N SAMSULA DR. NEW SMYRNA, FL 32168
TITLE D	WINES, FRANK 3495 S. CLYDE MORRIS BLVD. PORT ORANGE, FL 32129
TITLE 	
TITLE 	
TITLE 	

DO NOT WRITE IN THIS SPACE

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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: Vanessa Wines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08
Date

386-761-739
Daytime Phone #