2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Apr 13, 2005 08:00 A Secretary of State DOCUMENT # P99000065934 1. Entity Name VINYAN, INC. Principal Place of Business Mailing Address 700 SOUTH ORANGE AVENUE JUPITER FL 33458 700 SOUTH ORANGE AVENUE JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0936039 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KINCAID, MICHELE A 1880 TUDOR ROAD Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL 33408 City 8. The above named entity submits this statement for the europes 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. agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution $\Box$ Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. me Delete THILE ☐ Change Addition KINCAID, MICHELE A NAME NAME STREET ADDRESS 700 SOUTH ORANGE AVENUE STREET ADDRESS 150,00 CHTY ST ZIE JUPITER FL 33458 CITY-ST-ZIP une Delete TITLE Change Addition 🔲 NAME KINCAID, MICHELE A U000000300677 NAME SURFEL ADDRESS 700 SOUTH ORANGE AVENUE STREET ADDRESS 04/13/05-80001-014 158.75 CITY ST ZIP JUPITER FL 33458 CHTY-ST-ZIP me Delete TITLE ☐ Change Addition NAME KINCAID, MICHELE A NAME STREET ADDRESS 700 SOUTH ORANGE AVENUE STREET ADDRESS CITY - ST - AP JUPITER FL 33458 CITY-ST-7IP MILE Delete ☐ Change ☐ Addition KINCAID, MICHELE A NAME NAME 700 SOUTH ORANGE AVENUE STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY - ST - ZIP CITY ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CUY-SE-7P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CHEY-ST-7IP

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 1 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 amaddress, with all other like empowered.

SIGNATURE:

Michele A. Kingad 4/4/05

501 719-4338