

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P99000065934 1. Entity Name VINYAN, INC. |  |
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|--|---|
| Principal Place of Business 700 SOUTH ORANGE AVENUE JUPITER FL 33458 | Mailing Address 700 SOUTH ORANGE AVENUE JUPITER FL 33458 US |
|--|---|



| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E034 (10/07)

| | |
|--|--|
| 4. FEI Number 65-0936039 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent KINCAID, MICHELE A 1880 TUDOR ROAD NORTH PALM BEACH FL 33408 | 7. Name and Address of New Registered Agent 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: *Michele A Kincaid* 2/1/08
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
Make Check Payable to Florida Department of State

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

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|-------------------------|---------------------------------|
| TITLE | P | |
| NAME | KINCAID, MICHELE A | |
| STREET ADDRESS | 700 SOUTH ORANGE AVENUE | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | V | |
| NAME | KINCAID, MICHELE A | |
| STREET ADDRESS | 700 SOUTH ORANGE AVENUE | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | S | |
| NAME | KINCAID, MICHELE A | |
| STREET ADDRESS | 700 SOUTH ORANGE AVENUE | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | T | |
| NAME | KINCAID, MICHELE A | |
| STREET ADDRESS | 700 SOUTH ORANGE AVENUE | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---------------------------|---------------------------------|-----------------------------------|
| TITLE | U00000813549 | | |
| NAME | | | |
| STREET ADDRESS | 02/13/08-80009-006 158.75 | | |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Michele A Kincaid* *Michele A. Kincaid 2/1/08 561 719-4338*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-TWO PHONE #