

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90028 012 ***150.00

DOCUMENT # S91594

1. Entity Name
MONTEREY VINTAGE, INC.



Principal Place of Business

**2431 W. MAIN STREET, #202
DOTHAN, AL 36301**

Mailing Address

**2431 W. MAIN STREET, #202
DOTHAN, AL 36301**

2. Principal Place of Business - No P.O. Box #

103 EASTLAND ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. DRAWER 220

Suite, Apt. #, etc.

City & State

DOTHAN, AL

City & State

DOTHAN, AL

Zip

36303

Country

USA

Zip

36302

Country

USA

03062008

Chg-P

CR2E034 (12/06)

4. FEI Number

63-1055370

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JERNIGAN, JACK
743 HIGHWAY 98 EAST
DESTIN, FL 32541**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
CHAPMAN, CHARLES H III
#4 CHAPEL HILL ROAD
DOTHAN, AL 36301**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PRESIDENT
CHAPMAN, CHARLES H III
124 CHAPEL HILL RD
DOTHAN, AL 36305**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/08

Date

334-792-5111 ext 245

Daytime Phone #