

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**DOCUMENT # P05000083806**

1. Entity Name  
**VINTAGE VAULTS, INC.**



**FILED**

**2007 OCT 25 AM 11:03**

Principal Place of Business <b>107 WATERVIEW DRIVE PALM BEACH GARDENS FL 33418</b>	Mailing Address <b>107 WATERVIEW DRIVE PALM BEACH GARDENS FL 33418</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E034 (4/07)

4. FEI Number <b>20-2974363</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SIMMONS, RHONDA  
107 WATERVIEW DRIVE  
PALM BEACH GARDENS FL 33418**

**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 running) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State</b>	§ 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00 <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete	NAME	SIMMONS, RHONDA	
STREET ADDRESS	107 WATERVIEW DRIVE		CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	NAME		
STREET ADDRESS			CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP	<b>08-24-07 90024 010</b>		<b>\$550.00</b>
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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:** *Rhonda Simmons* **08/22/07** **50176 1713**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: District Phone #