


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000130442
 1. Entity Name
VILLA NATURA RESERVATION CENTER INC.



Principal Place of Business 7802 KINGSPONTE PKWY SUITE 101 ORLANDO, FL 32819 US	Mailing Address 7802 KINGSPONTE PKWY SUITE 101 ORLANDO, FL 32819 US
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2425482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHARMAN, JENNIFER
 7802 KINGSPONTE PKWY
 SUITE 101
 ORLANDO, FL 32819**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY - ST - ZIP	PRES SHARMAN, JENNIFER A 7802 KINGSPONTE PKWY, SUITE 101 ORLANDO, FL 32819
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jennifer A. Shorman **Date:** 1/21/05 **Daytime Phone #:** 407846-6558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR