


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90016 018 ***150.00

DOCUMENT # P06000047378

1. Entity Name
EXECUTIVE VILLAS FLORIDA.COM, INC.



Principal Place of Business
343 GLENEAGLES DRIVE HIGHLANDS RESERVE DAVENPORT, FL 33897

Mailing Address
343 GLENEAGLES DRIVE HIGHLANDS RESERVE DAVENPORT, FL 33897



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

3. Mailing Address
440 Bonville Drive

Suite, Apt. #, etc.

01292008 Chg-P CR2E034 (12/06)

City & State
Davenport, FL

City & State
Davenport, FL

Zip
33897

Country
U.S.

Zip
33897

Country
U.S.

4. FEI Number
20-4631552

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LARSON ALLEN
215 CELEBRATION PLACE
SUITE 170
CELEBRATION, FL 34747

7. Name and Address of New Registered Agent

Name
Larson Allen LLP

Street Address (P.O. Box Number is Not Acceptable)
420 South Orange Ave.

Suite 500

City
Orlando

State
FL

Zip Code
32801

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: *Larson Allen, LLP*

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	D	<input type="checkbox"/> Delete
NAME	BOOTH, KEVIN	
STREET ADDRESS	343 GLENEAGLES DRIVE, HIGHLAND RESERVE	
CITY-ST-ZIP	DAVENPORT, FL 33897	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOOTH, CHARLOTTE E	
STREET ADDRESS	343 GLENEAGLES DRIVE HIGHLANDS RESERVE	
CITY-ST-ZIP	DAVENPORT, FL 33897	
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

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Booth, Kevin	
STREET ADDRESS	440 Bonville Drive	
CITY-ST-ZIP	Davenport, FL 33897	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Booth, Charlotte E.	
STREET ADDRESS	440 Bonville Drive	
CITY-ST-ZIP	Davenport, FL 33897	
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: *Kevin Booth* **KEVIN BOOTH** **02/06/08** **863 969 9180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #