


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90033 009 \*\*\*150.00

<b>DOCUMENT # L20940</b>	
1. Entity Name ALL VILLAGE REALTY, INC.	

Principal Place of Business 106 S OLD DIXIE HIGHWAY PO BOX 217 LADY LAKE, FL 32159 US	Mailing Address 106 S OLD DIXIE HIGHWAY LADY LAKE, FL 32159 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address P.O. Box 217
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Lady Lake, FL
Zip	Zip 32158
Country	Country



03122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  STEINMETZ, NANCY P 106 SOUTH OLD DIXIE HIGHWAY LADY LAKE, FL 32159		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STEINMETZ, NANCY P 106 SOUTH OLD DIXIE HIGHWAY LADY LAKE, FL 32159 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Nancy P. Steinmetz 3-12-07 352-753-9828  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #