## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000048029

Entity Name: VILLA PROJECTS, INC.

**Current Principal Place of Business:** 

FILED Mar 14, 2009 Secretary of State

141 OLD ORANGE PARK RD SUITE 130 ORANGE PARK, FL 32073		141 OLD ORANGE PARK RD 130 ORANGE PARK, FL 32073			
Current Mailing Address:			New Mailing Address:		
141 OLD ORANGE PARK RD SUITE 130 ORANGE PARK, FL 32073		2210 COACH HOUSE BLVD 7 ORLANDO, FL 32812			
FEI Number:	FEI Number Applied For ( )	FEI Num	ber Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
ABRAMS, DAVID 141 OLD ORANGE PARK RD SUITE 130 ORANGE PARK, FL 32073 US		ABRAMS, DAVID 141 OLD ORANGE PARK RD 130 ORANGE PARK, FL 32073 US			
The above named entity in the State of Florida.	submits this statement for the p	purpose of	changing its registered	office or registered agent, or both,	

**New Principal Place of Business:** 

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

SIGNATURE:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

03/14/2009

Date

Title: ( ) Delete Title: () Change () Addition ABRAMS, DAVID Name: Name:

141 OLD ORANGE PARK RD SUITE 130 Address: Address: City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip:

Electronic Signature of Registered Agent

Title: Title:

() Delete (X) Change ( ) Addition Name: SMITH, KISHA Name:

ABRAMS, CLAUDETTE

Address: 141 OLD ORANGE PARK RD SUITE 130 Address: 141 OLD ORANGE PARK RD SUITE 130

ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID FITZGERALD ABRAMS **DPT** 03/14/2009