

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90035 019 ***150.00

DOCUMENT # 153536

1. Entity Name

FOUR MILE VILLAGE, INC.



Principal Place of Business

401 VILLAGE RD
4 MILE VILLAGE
SANTA ROSA BEACH FL 32459
US

Mailing Address

401 VILLAGE RD
SANTA ROSA BEACH FL 32459
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
59-0638664

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COFEEN, E F
6 MOCKINGBIRD LANE
SANTA ROSA BEACH FL 32459

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VETTER, CYRIL	
STREET ADDRESS	4730 BLUEBELL ST	
CITY-ST-ZIP	BATON ROUGE LA 70808	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JONES, WALTER	
STREET ADDRESS	3075 HOWELL MILL RD #2	
CITY-ST-ZIP	NEW ORLEANS LO	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COFFEEN, EDWIN F	
STREET ADDRESS	6 HOCKINGBIRD LN	
CITY-ST-ZIP	SANTA ROSA BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, JOSEPH	
STREET ADDRESS	3526 MAPLE PARK DR	
CITY-ST-ZIP	KINGWOOD TX 77339	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARICE, MARY	
STREET ADDRESS	108 STELLA ST	
CITY-ST-ZIP	METAIRIE LA 70005	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYENDECKER, CHARLES	
STREET ADDRESS	10006 BRIAR ST	
CITY-ST-ZIP	HOUSTON TX 77042	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chambers, Molly	
STREET ADDRESS	2751 Regatta Way	
CITY-ST-ZIP	Tuscaloosa, AL 35406	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanders, Joseph	
STREET ADDRESS	3526 Maple Park Dr	
CITY-ST-ZIP	Kingwood, TX 77339	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vosbein, Robert	
STREET ADDRESS	4500 One Shell Square	
CITY-ST-ZIP	New Orleans, LA 70139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" 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 Section 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:

Edwin F. Coffeen

EDWIN F. COFFEEN, TREASURER

1-20-06

850-267-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #