


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-12-2008 90020 031 ***150.00

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| DOCUMENT # 153536 |  |
| 1. Entity Name FOUR MILE VILLAGE, INC. | |

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| 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 |
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| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

40043100




02262008 Chg-P CR2E034 (12/06)

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| 6. Name and Address of Current Registered Agent COFEEN, E F 6 MOCKINGBIRD LANE SANTA ROSA BEACH, FL 32459 | | 7. Name and Address of New Registered Agent Name HARVEY P. MARICE Street Address (P.O. Box Number is Not Acceptable) 754 VILLAGE ROAD City SANTA ROSA BEACH FL Zip Code 32459 | |
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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  TREASURER | DATE 03/02/08 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHAMBERS, MOLLY 2751 REGATTA WAY TUSCALOOSA, AL 35406 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FREDERICK, LYNNE 314 MISTLETOE GADSDEN, AL 35901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SANDERS, JOSEPH 3526 MAPLE PARK DR HUMBLE, TX 77339 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LANCASTER, JERRY 259 TWISTED PINE TRAIL SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VOSBEIN, ROBERT 4500 ONE SHELL SQUARE NEW ORLEANS, LA 70139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ANDERSON, CHARLOTTE 401 VILLAGE ROAD SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MARICE, MARY 108 STELLA ST METAIRIE, LA 70005 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HARVEY MARICE 754 VILLAGE ROAD SANTA ROSA BEACH, FL 32459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LYENDECKER, CHARLES 10006 BRIAR ST HOUSTON, TX 77042 <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:  HARVEY P. MARICE | DATE 3/2/08 DAYTIME PHONE # 850-267-3605 504-833-5784 |