2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 153536

Entity Name: FOUR MILE VILLAGE, INC.

FILED Jul 02, 2009 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
401 VILLAG 4 MILE VILL SANTA RO		32459	US					
Current Mailing Address:					New Mailing Address:			
401 VILLAG SANTA RO	SE RD SA BEACH, FL	32459	US		401 VILLAG 4 MILE VILL SANTA RO		L 32459	US
FEI Number: 59-0638664 FEI Number Applied For () FEI Num					nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:								
MARICE, H. 754 VILLAG SANTA RO		32459	US					
The above in the State		bmits this	statement for the pu	rpose o	f changing it	s registered of	fice or regis	tered agent, or both,
SIGNATUR	E:							
	Electronic	Signature	of Registered Agen	t			Date	e
Election Cam	paign Financing T	rust Fund (he corporation did not : Contribution ().	receive tl	•		TO OFFICE	DE AND DIDECTORS
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () D CHAMBERS, MOL 2751 REGATTA W TUSCALOOSA, AI	.LY VAY			Title: Name: Address: City-St-Zip:	()	Change () Ad	ddition
Title: Name: Address: City-St-Zip:	PD () D SANDERS, JOSE 3526 MAPLE PAR HUMBLE, TX 773	PH K DR			Title: Name: Address: City-St-Zip:	()	Change () Ad	ddition
Title: Name: Address: City-St-Zip:	D () D VOSBEIN, ROBER 4500 ONE SHELL NEW ORLEANS, I	RT . SQUARE			Title: Name: Address: City-St-Zip:	VD (X) VOSBEIN, ROBI 4500 ONE SHEI NEW ORLEANS	LL SQUARE	ddition
Title: Name: Address: City-St-Zip:	T () D MARICE, HARVEY 754 VILLAGE ROA SANTA ROSA BEA	(AD	459		Title: Name: Address: City-St-Zip:	()	Change () Ad	ddition
Title: Name: Address: City-St-Zip:	D () D LYENDECKER, C 10006 BRIAR ST HOUSTON, TX 77	HARLES			Title: Name: Address: City-St-Zip:	()	Change () Ad	ddition
Title: Name: Address: City-St-Zip:	() D	elete			Title: Name: Address: City-St-Zip:	SD () FREDERICK, LY 314 MISELTOE GADSTEN, AL		ddition

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: HARVEY MARICE T 07/02/2009