

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90063 039 \*\*\*150.00

24000000



01202004 Chg-P CR2E034 (10/03)

4. FEI Number **59-3687994** Applied For  Not Applicable

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

**DOCUMENT # 291853**  
 1. Entity Name  
**VILLAGE GREEN "C" CORPORATION**



Principal Place of Business Mailing Address  
**402 12TH AVE. S NAPLES, FL 34102** **745 12TH AVE. S. NAPLES, FL 34102**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State  
 Zip Country Zip Country

**6. Name and Address of Current Registered Agent**  
**MOORE PROPERTY MGMT**  
**745 12TH AVE S.**  
**STE AA**  
**NAPLES, FL 34102**

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

| TITLE | NAME             | STREET ADDRESS   | CITY - ST - ZIP  | <input type="checkbox"/> Delete     |
|-------|------------------|------------------|------------------|-------------------------------------|
| D     | MEEHAN, PATRICIA | 406-12TH AVE SO. | NAPLES, FL 34102 | <input type="checkbox"/>            |
| D     | ROSE, GAYLE      | 402 12TH AVE. S  | NAPLES, FL 34102 | <input type="checkbox"/>            |
| D     | VICKERS, JOHN W  | 420-12TH AVE SO  | NAPLES, FL 34102 | <input checked="" type="checkbox"/> |
| D     | HAUER, ERNST     | 402 12TH AVE. S  | NAPLES, FL 34102 | <input type="checkbox"/>            |
| D     | MORITZ, MARY     | 402 12TH AVE. S  | NAPLES, FL 34102 | <input type="checkbox"/>            |
|       |                  |                  |                  | <input type="checkbox"/>            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |      |                |                 | <input type="checkbox"/>        | <input type="checkbox"/>          |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Gayle M. Rose **Feb 02, 2004** 239-261-2825  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #