

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 294742

Entity Name: LA VILLA COVE, INC.

FILED  
Feb 15, 2011  
Secretary of State

**Current Principal Place of Business:**

240 HARMON AVE  
PANAMA CITY, FL 32402

**New Principal Place of Business:**

**Current Mailing Address:**

6519 KIKO STREET  
DIAMONDHEAD, MS 39525

**New Mailing Address:**

FEI Number: 59-1169380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOWELL, JERRY  
626 LUVERNE AV  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: PURCHNER, NANCY  
Address: 115 EAST AVENUE  
City-St-Zip: LONG BEACH, MS 39560

Title: VP  
Name: PICKICH, LAURA  
Address: 22349 MEADOW LARK DRIVE  
City-St-Zip: PASS CHRISTIAN, MS 39571

Title: S/T  
Name: PERNICIARO, CANDACE  
Address: 6519 KIKO STREET  
City-St-Zip: DIAMOND HEAD, MS 39525

Title: D  
Name: MCDONALD, JAMES C  
Address: 126 ELVA DRIVE  
City-St-Zip: PASS CHRISTIAN, MS 39571

Title: D  
Name: PICKICH, JANICE  
Address: 118 ELVA DRIVE  
City-St-Zip: PASS CHRISTIAN, MS 39571

Title: D  
Name: MCDONALD III, ELLIOTT  
Address: 127 ELEANOR DRIVE  
City-St-Zip: PASS CHRISTIAN, MS 39571

I hereby 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 all other like empowered.

SIGNATURE: CANDACE PERNICIARO

S/T

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date