

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 04, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 354976**

1. Entity Name

**CARRIAGE VILLA INC**



Principal Place of Business

**100 PONCE DE LEON BOULEVARD  
P.O. BOX 1333  
DELEON SPRINGS FL 32130**

Mailing Address

**100 PONCE DE LEON BOULEVARD  
P.O. BOX 1333  
DELEON SPRINGS FL 32130**



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

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1314446**

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

**STEVENSON, DONNER S  
111 SPRING ST EAST  
DE LEON SPRINGS FL 32130**

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 transferring.)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME STEVENSON, DONALD V  
STREET ADDRESS 7677 NEWBERRY RD  
CITY- ST- ZIP WINNSBORO SC 29180

TITLE VP ☐ Delete  
NAME STEVENSON, DONNER S  
STREET ADDRESS 111 SPRING ST  
CITY- ST- ZIP DE LEON SPRINGS FL 32130

TITLE ST ☐ Delete  
NAME STEVENSON, LEONARD O  
STREET ADDRESS 2215 NORTH MARINE BLVD  
CITY- ST- ZIP JACKSONVILLE NC 28546

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000688474  
CITY- ST- ZIP 04/10/07-80084-021 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ 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:

*Donald V. Stevenson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*PRCS.*

Date

Daytime Phone #

*1-863-635-2178*