

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90041 010 ***150.00

DOCUMENT # 487473

1. Entity Name

PET VILLA, INC.



Principal Place of Business
7814 N. 53RD STREET
TAMPA FL 33617

Mailing Address
7814 N. 53RD STREET
TAMPA FL 33617



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 **59-1629860**

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

DEPHILLIPS, ITALO
7814 N. 53RD STREET
TAMPA FL 33617

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 re-registering)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME MARSHALL, KATHY
STREET ADDRESS 17912 CHACHET LA
CITY ST ZIP TAMPA FL

Treasurer ☐ Change ☒ Addition

TITLE P ☐ Delete
NAME MARSHALL, CARLTON
STREET ADDRESS 104 HICKORY CREEK DR.
CITY ST ZIP BRANDON FL

NAME Al DePhillips
STREET ADDRESS 7814 N. 53rd Street
CITY ST ZIP Tampa, FL 33617

TITLE V ☒ Delete
NAME BUFFALINO, FRANK C/O A DE
STREET ADDRESS 7814 N 53RD ST
CITY ST ZIP TAMPA FL

NAME ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

NAME ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

NAME ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST ZIP

NAME ☐ Change ☐ Addition

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:

Al DePhillips

AL DEPHILLIPS

Date

(813) 988-4270

Daytime Phone #