

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90023 036 ***150.00

DOCUMENT # 608778

1. Entity Name
JAMES L. VILLA & ASSOCIATES, INC.



Principal Place of Business

375 MEARS BLVD.
OLDSMAR, FL 34677 US

Mailing Address

P.O. BOX 1945
OLDSMAR, FL 34677 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



03032004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-1880645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLA, JAMES L
644 ROYAL DORNOCH COURT
TARPON SPRINGS, FL 33589

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1200 Gulf Blvd.

#2105

City

Clearwater

FL

Zip Code

33767

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 reinstating)

DATE

James L. Villa President

3-12-04

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 PD ☐ Delete
NAME VILLA, JAMES L
STREET ADDRESS 644 ROYAL DORNOCH CT.
CITY-ST-ZIP TARPON SPRINGS, FL

TITLE S ☐ Delete
NAME VILLA, DOROTHY D
STREET ADDRESS 644 ROYAL DORNOCH CT.
CITY-ST-ZIP TARPON SPRINGS, FL

TITLE VP ☐ Delete
NAME KAERCHER, DAVID M.
STREET ADDRESS 2721 S. WESTCHESTER DR.
CITY-ST-ZIP CLEARWATER, FL

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 1200 Gulf Blvd., #2105
CITY-ST-ZIP Clearwater, FL 33767

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1200 Gulf Blvd., #2105
CITY-ST-ZIP Clearwater, FL 33767

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1720 Gulf Blvd.
CITY-ST-ZIP Belleair Shores, FL 33786

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Villa JAMES L. VILLA

3-12-04

Date

Daytime Phone #