

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90037 031 \*\*\*\*61.25

**DOCUMENT # 710101**

1. Entity Name

CORVILLA, INC.



Principal Place of Business

2423 CORVILLA DRIVE  
ZEPHYRHILLS FL 33540

Mailing Address

2423 CORVILLA DRIVE  
ZEPHYRHILLS FL 33540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7354613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

HOLT, ERSKINE L  
2423 CORVILLA DR  
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent

Name Lucille M. Holt  
Street Address (P.O. Box Number is Not Acceptable)  
2423 Corvilla Drive  
Zephyrhills  
City FL Zip Code 33540

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|       |    |                  |                    |                       |  |
|-------|----|------------------|--------------------|-----------------------|--|
| TITLE | ST | NAME             | STREET ADDRESS     | CITY-ST-ZIP           | <input type="checkbox"/> Delete            |
|       |    | HOLT, RHONDA J   | 18810 TWENTY GRAND | EAGLE RIVER AK        | →  |
| TITLE | D  | NAME             | STREET ADDRESS     | CITY-ST-ZIP           | <input type="checkbox"/> Delete            |
|       |    | DEJESUS, JOSE    | 2412 CORVILLA DR.  | ZEPHYRHILLS FL        |  |
| TITLE | PD | NAME             | STREET ADDRESS     | CITY-ST-ZIP           | <input checked="" type="checkbox"/> Delete |
|       |    | HOLT, ERSKINE L  | 2423 CORVILLA DR.  | ZEPHYRHILLS, FL 00000 | Deceased 7-11-03                           |
| TITLE | VD | NAME             | STREET ADDRESS     | CITY-ST-ZIP           | <input type="checkbox"/> Delete            |
|       |    | HOLT, LUCILLE M  | 2423 CORVILLA DR.  | ZEPHYRHILLS, FL 00000 | →  |
| TITLE | SD | NAME             | STREET ADDRESS     | CITY-ST-ZIP           | <input type="checkbox"/> Delete            |
|       |    | HOLT, BEVERLY R. | PO BOX 21582 N/A   | JUNEAU AK             | →  |
| TITLE | D  | NAME             | STREET ADDRESS     | CITY-ST-ZIP           | <input type="checkbox"/> Delete            |
|       |    | DEJESUS, ANGELA  | 2412 CORVILLA DR.  | ZEPHYRHILLS FL        |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|       |                   |                 |                    |                       |  |
|-------|-------------------|-----------------|--------------------|-----------------------|--|
| TITLE | Sec-Treasurer D.  | NAME            | STREET ADDRESS     | CITY-ST-ZIP           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                   | Rhonda Holt     | SAME               | 99577                 |  |
| TITLE |                   | NAME            | STREET ADDRESS     | CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                   |                 |                    |                       |  |
| TITLE |                   | NAME            | STREET ADDRESS     | CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                   |                 |                    |                       |  |
| TITLE | President P.      | NAME            | STREET ADDRESS     | CITY-ST-ZIP           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                   | Lucille M Holt  | SAME               | 33540                 |  |
| TITLE | Vice President P. | NAME            | STREET ADDRESS     | CITY-ST-ZIP           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                   | Beverly R. Holt | 18810 Twenty Grand | Eagle River, AK 99577 |  |
| TITLE |                   | NAME            | STREET ADDRESS     | CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|       |                   |                 |                    |                       |  |

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 617, 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:

Lucille M Holt Lucille Holt

2-26-04

813-782-7323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #