


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90024 046 ****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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOLT, LUCILLE M 2423 CORVILLA DR. ZEPHYRHILLS, FL 33540				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLT, RHONDA J		NAME		
STREET ADDRESS	18810 TWENTY GRAND		STREET ADDRESS		
CITY-ST-ZIP	EAGLE RIVER, AK 99577		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEJESUS, JOSE		NAME		
STREET ADDRESS	2412 CORVILLA DR.		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLT, LUCILLE		NAME		
STREET ADDRESS	2423 CORVILLA DR.		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLT, BEVERLY R		NAME		
STREET ADDRESS	18810 TWENTY GRAND		STREET ADDRESS		
CITY-ST-ZIP	EAGLE RIVER, AK 99577		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEJESUS, ANGELA		NAME		
STREET ADDRESS	2412 CORVILLA DR.		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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 <i>Lucille M Holt</i> Lucille M. Holt			Date Jan 22 05 Daytime Phone # 813-7821323		

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