2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 710101

1. Entity Name
CORVILLA, INC.

Principal Place of Business	Mailing Address
2423 CORVILLA DRIVE ZEPHYRHILLS, FL 33540	2423 CORVILLA DRIVE ZEPHYRHILLS, FL 33540

DO NOT WRITE IN THIS SPACE

01132007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
23-7354613	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLT, LUCILLE M
2423 CORVILLA DR.
ZEPHYRHILLS, FL 33540

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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

Filing Fee is $61.25
Due by May 1, 2007

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

U00000602867
01/26/07=80107=013 61.25

10.   OFFICERS AND DIRECTORS

TITLE	STD
NAME	HOLT, RHONDA J
STREET ADDRESS	18810 TWENTY GRAND
CITY-ST-ZIP	EAGLE RIVER, AK 99577

TITLE	PD
NAME	HOLT, LUCILLE
STREET ADDRESS	2423 CORVILLA DR.
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540

TITLE	VD
NAME	HOLT, BEVERLY R
STREET ADDRESS	18810 TWENTY GRAND
CITY-ST-ZIP	EAGLE RIVER, AK 99577

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: _Rhonda J. Holt_ RHONDA J. HOLT, STD   1/12/07   813/482-9323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #