

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000349

Entity Name: VILLAGE STATIONERS, INC.

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

5365 S.W. 82ND LANE
OCALA, FL 34476

New Principal Place of Business:

3458 CAPLAND AVENUE
CLERMONT, FL 34711

Current Mailing Address:

5365 S.W. 82ND LANE
OCALA, FL 34476

New Mailing Address:

3458 CAPLAND AVENUE
CLERMONT, FL 34711

FEI Number: 36-3108787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, ROCHELLE
5365 S.W. 82ND LANE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

COLEMAN, ROCHELLE
3458 CAPLAND AVENUE
CLERMONT, FL 34711 US

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.

SIGNATURE:

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: COLEMAN, ROCHELLE
Address: 5365 S.W. 82ND LANE
City-St-Zip: Ocala, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: COLEMAN, ROCHELLE
Address: 3458 CAPLAND AVENUE
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROCHELLE COLEMAN

PST

01/03/2005

Electronic Signature of Signing Officer or Director

Date