

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000006039

1. Entity Name
VENTANAS CON VISTAS BUILDERS, INC.



Principal Place of Business
**3112 S. PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082-4565**

Mailing Address
**3112 S. PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082-4565**



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0896326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KIPPES, ANTHONY J
3112 S. PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082-4565**

**DO NOT WRITE
IN THIS SPACE**

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 re-instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCE
KIPPES, ANTHONY J
3112 S. PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 320824565**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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03/11/05-80015-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Anthony Kippes* **Anthony Kippes** **3/9/05** **904 810 2358**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DPCE