


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90020 003 ***158.75

DOCUMENT # F07000003298

1. Entity Name
 THE VILLAGE TAVERN, INC.



Principal Place of Business
 102 REYNOLDA VILLAGE
 WINTSON SALEM, NC 27106

Mailing Address
 110 SOUTH STRATFORD ROAD STE 500
 WINSTON SALEM, NC 27104

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.


3. Mailing Address
 102 Reynolda Village
 Suite, Apt. #, etc.

City & State
 Winston-Salem, NC

4. FEI Number
 56-1507503

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



01072008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

O'KEEFE, DAN
 300 S ORANGE AVE STE 1000
 ORLANDO, FL 32801

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	RICHARDSON, SCOTT H	
STREET ADDRESS	102 REYNOLDA VILLAGE	
CITY-ST-ZIP	WINTSON SALEM, NC 27106	
TITLE	D	<input type="checkbox"/> Delete
NAME	COX, TIMOTHY	
STREET ADDRESS	102 REYNOLDA VILLAGE	
CITY-ST-ZIP	WINTSON SALEM, NC 27106	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SANTARELLI, ANTHONY V	
STREET ADDRESS	102 REYNOLDA VILLAGE	
CITY-ST-ZIP	WINTSON SALEM, NC 27106	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BUITENDORP, BILL	
STREET ADDRESS	102 REYNOLDA VILLAGE	
CITY-ST-ZIP	WINTSON SALEM, NC 27106	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: Bill Buitendorp **1-8-07 336-714-4015**

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