2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90405 040 ***150.00

DOCUMENT # H26708

1. Entity Name
SOUTH FLORIDA VILLAS, INC.

14013761

03292005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
5150 S FLORIDA AEV. STE. 319 LAKELAND, FL 33813 US	5150 S FLORIDA AEV. STE. 319 LAKELAND, FL 33813 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P O BOX 5078 Suite, Apt. #, etc.
City & State	City & State: LAKELAND FL
Zip / Country	Zip: 33807 / Country: USA

4. FEI Number: 59-2462683 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHRITTON, CHARLES P.
5300 SOUTH FLORIDA AVE.
LAKELAND, FL 33803

7. Name and Address of New Registered Agent

Name: (same)
Street Address (P.O. Box Number is Not Acceptable): 225 E. Lemon St.
Ste. 300
City: Lakeland **FL** Zip Code: 33801

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST WENDEL, ALBERT G. 5150 S FLORIDA AVE #106 LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST Wendel, Albert G. 5150 S. Florida Ave. Ste. 319 Lakeland FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WENDEL, JOHN F. 5300 S FLORIDA AVE. LAKELAND, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wendel, John F. 225 E. Lemon St. Ste. 300 Lakeland, FL 33801	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURPHY, MARKHAM L. 1300 SEAWAY DR. #A6 FT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Murphy, Markham L. 46 Lavonia Beach Dr. Lavonia, GA 30553	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WENDEL, ALBERT G. 5150 S FLORIDA AVE., STE. 319 LAKELAND, FL 33813	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 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: Albert G Wendel 4/30/05 863/648-9626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALBERT G WENDEL