


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90062 034 ***150.00

DOCUMENT # H26708 1. Entity Name SOUTH FLORIDA VILLAS, INC.					
Principal Place of Business 5150 S FLORIDA AVE STE. 319 LAKELAND, FL 33813 US			Mailing Address P O BOX 5078 LAKELAND, FL 33807 US		
2. Principal Place of Business - No P.O. Box # 5120 S. Florida Ave.		3. Mailing Address Suite, Apt. #, etc. Ste. 318			
City & State Lakeland, FL		City & State City: _____ State: _____		4. FEI Number 59-2462683	
Zip 33813		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRITTON, CHARLES P. 225 E LEMON STREET SUITE 300 LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 AVENUE, SUITE 319 LAKELAND, FL 33813 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5120 S. Florida Ave. Ste. 318 Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENDEL, JOHN F. 5150 S FLORIDA AVENUE, SUITE 300 LAKELAND, FL 33801 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 336 W. Highland Dr. Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, MARKAM L 46 LAVONIA BEACH DRIVE LAVONIA, GA 30553 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WENDEL, ALBERT G. 5150 S FLORIDA AVE., STE. 319 LAKELAND, FL 33813 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5120 S. Florida Ave. Ste. 318 Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Albert G. Wendel</u> ALBERT G. WENDEL			4/30/07 863/860-5937 <small>Date Daytime Phone #</small>		