· 2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # K88731

1. Entity Name
VILANO INTERIORS, INC.

Principal Place of Business	Mailing Address
112 OAK AVE	112 OAK AVE
SAINT AUGUSTINE, FL 32084 US	SAINT AUGUSTINE, FL 32084 US

DO NOT WRITE IN THIS SPACE

01222008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2953585	Not Applicable

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

6. Name and Address of Current Registered Agent

COMEAU, RHODA ANN
112 OAK AVENUE
SAINT AUGUSTINE, FL 32084

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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 reinstating)   DATE

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	P
NAME	COMEAU, ANTHONY J
STREET ADDRESS	112 OAK AVE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	ST
NAME	COMEAU, RHODA
STREET ADDRESS	112 OAK AVE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/06/08-80050-020 150.00

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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: _Rhoda C. Comeau_   1-28-08   (904) 824-3435

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