

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90007 020 ***150.00

DOCUMENT # L47927

1. Entity Name

THE FORMATIVE YEARS, INC.



Principal Place of Business

1291 CAPRICORN BLVD
PUNTA GORDA FL 33983
US

Mailing Address

332 KNEELAND RD
NEW HAVEN CT 06512
US

2. Principal Place of Business

1291 Capricorn Blvd
Suite, Apt. #, etc.
Punta Gorda FL 33983
City & State

3. Mailing Address

332 Kneeland Rd
Suite, Apt. #, etc.

City & State

New Haven CT

4. FEI Number

59-2989669

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILLANO, PETER C.
1291 CAPRICORN BLVD
PUNTA GORDA FL 33983-2939

7. Name and Address of New Registered Agent

Name Valerie A. Villano

Street Address (P.O. Box Number is Not Acceptable)

1291 Capricorn Blvd

New Haven CT 06512

City Punta Gorda

FL

Zip Code 33983

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

Valerie A. Villano

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input checked="" type="checkbox"/> Delete
NAME	VILLANO, PETER C.	
STREET ADDRESS	332 KNEELAND RD.	
CITY-ST-ZIP	NEW HAVEN CT	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VILLANO, VALERIE A.	
STREET ADDRESS	332 KNEELAND RD.	
CITY-ST-ZIP	NEW HAVEN CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Valerie A. Villano	
STREET ADDRESS	332 Kneeland Rd	
CITY-ST-ZIP	New Haven Ct. 06512	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rochelle M. Villano	
STREET ADDRESS	36 Ralph's Lane	
CITY-ST-ZIP	East Haven Ct. 06512	
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 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:

Valerie A. Villano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/04 (203) 468-2613

Date

Daytime Phone #