2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M37146

1. Entity Name SLEEPY RIVER VILLAS INC.



FILED Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

2890 N ANDREWS AVE FT LAUDERDALE, FL 33311 Mailing Address

2890 N ANDREWS AVE FT LAUDERDALE, FL 33311



DO NOT WRITE IN THIS SPACE

02042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2730216 Applied For Not Applicable

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

HUGHES, ROGER 2890 N. ANDREWS AVENUE FT. LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE

the obligat	tions of registered agent.			- J	,	
'SIGNATURE_	Signature, typed or printed name of registered agont and title	If applicable. (NOTE: Registe	red Agent signature	required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution	· -	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE	DP ·					
NAME	HUGHES, ROGER					
STREET ADDRESS	2890 N. ANDREWS AVENUE					
CITY-ST-ZIP	FT, LAUDERDALE, FL					

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

U00000844822 03/13/08-80014-013 150.00

DO NOT WRITE IN THIS SPACE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CICMATI IDE.

131 60

CHARLE CAR SE

HILE

NAME STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP 2::

TITLE NAME STREET ADDRESS CITY-ST-ZIP