


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N00011
 1. Entity Name
 VILLA FRANCISCO, INC.



Principal Place of Business % STEPHEN W. BUCKLEY 2133 HEITMAN STREET FT. MYERS, FL 33901-3618	Mailing Address % STEPHEN W. BUCKLEY 2133 HEITMAN STREET FT. MYERS, FL 33901-3618
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03242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2456983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCKLEY, STEPHEN W.
 2133 HEITMAN ST.
 FORT MYERS, FL 33902

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGLIM, THOMAS PO BOX 912,2133 HEITMAN N/A FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONELL, SR. ELLEN 2055 CLEVELAND AVE FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KROPKE, SUE 4617 VINSETTA AVE. N. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLEY, STEPHEN W. PO BOX 2366 2201 MAIN ST FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANT, ELLIS 1670 ST. CLAIR AVE. N. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHIARAVALLE SR., MARIE V 2140 COTTAGE ST., #106 FT. MYERS, FL

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 05/05/04-80071-014 61.25

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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 617, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas Anglim *Thomas Anglim 5/3/05*
Date Daytime Phone #

239-334-2161