


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90046 047 ****61.25

DOCUMENT # N00011 1 Entity Name VILLA FRANCISCO, INC.	
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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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01102006 No Chg-NP CR2E037 (11/05)

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 re-registering) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
 Must Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MULLEN, MICHAEL 2133 HEITMAN ST FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACDONELL, SR. ELLEN 2055 CLEVELAND AVE FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLE, ROBERT 2140 COTTAGE ST 402 FORT MYERS, FL 33901
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., #100 FT. MYERS, FL

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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 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: Robert F. Little _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #