

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 19, 2007  
Secretary of State

DOCUMENT# N00011

Entity Name: VILLA FRANCISCO, INC.

**Current Principal Place of Business:**

% STEPHEN W. BUCKLEY  
2133 HEITMAN STREET  
FT. MYERS, FL 339013618

**New Principal Place of Business:**

**Current Mailing Address:**

% STEPHEN W. BUCKLEY  
2133 HEITMAN STREET  
FT. MYERS, FL 339013618

**New Mailing Address:**

FEI Number: 59-2456983      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: MULLEN, MICHAEL  
Address: 2133 HEITMAN ST  
City-St-Zip: FORT MYERS, FL 33901

Title: D      ( ) Delete  
Name: MACDONELL, SR. ELLEN  
Address: 2055 CLEVELAND AVE  
City-St-Zip: FORT MYERS, FL

Title: D      ( ) Delete  
Name: LITTLE, ROBERT  
Address: 2140 COTTAGE ST 402  
City-St-Zip: FORT MYERS, FL 33901

Title: D      ( ) Delete  
Name: BUCKLEY, STEPHEN W.,  
Address: PO BOX 2366 2201 MAIN ST  
City-St-Zip: FT. MYERS, FL

Title: D      ( ) Delete  
Name: CRANT, ELLIS,  
Address: 1670 ST. CLAIR AVE.  
City-St-Zip: N. FT. MYERS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MULLEN

P

04/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date