2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00011

FILED Feb 03, 2009 Secretary of State

Entity Name: VILLA FRANCISCO, INC.

Current P	rincipal Place	of Business:	New Principal Plac	ee of Business:
	EN W. BUCKLE	ΞΥ		
	MAN STREET S, FL 3390136	18		
Current N	lailing Address	5:	New Mailing Addre	ess:
	EN W. BUCKLE	ΞΥ		
	MAN STREET S, FL 3390136	1Ω		
I I. WIILK	.5, 1 2 5550150	10		
FEI Number	: 59-2456983	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
BUCKLEY	, STEPHEN W.			
2133 HEIT	MAN ST.			
FORT MY	ERS, FL 33902	US		
		ubmits this statement for the	purpose of changing its registe	red office or registered agent, or both,
iii tiie Stat	e of Florida.			
SIGNATU	RE:	c Signature of Registered Ac	ent	Date
	RE:	c Signature of Registered Ag		Date
SIGNATU	RE:			Date GES TO OFFICERS AND DIRECTOR
SIGNATU OFFICER	RE: Electroni			
SIGNATU OFFICER Title: Name:	RE: Electroni S AND DIRECT P () MULLEN, MICHA	ORS: Delete	ADDITIONS/CHANGE Title: Name:	GES TO OFFICERS AND DIRECTOR
SIGNATU OFFICER Title: Name: Address:	RE: Electroni S AND DIRECT P () MULLEN, MICHA 2133 HEITMAN S	CORS: Delete NEL ST	ADDITIONS/CHANGE Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
SIGNATU OFFICER Title: Name: Address:	RE: Electroni S AND DIRECT P () MULLEN, MICHA 2133 HEITMAN S	CORS: Delete NEL ST	ADDITIONS/CHANGE Title: Name:	GES TO OFFICERS AND DIRECTOR
SIGNATU OFFICER Title: Name: Address: City-St-Zip:	RE: Electroni S AND DIRECT P () MULLEN, MICHA 2133 HEITMAN S FORT MYERS, F	CORS: Delete NEL ST	ADDITIONS/CHANGE Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
SIGNATU OFFICER Title: Name: Address: City-St-Zip: Title:	RE: Electroni S AND DIRECT P () MULLEN, MICHA 2133 HEITMAN S FORT MYERS, F D () MACDONELL, S	CORS: Delete NEL ST -L 33901 Delete R. ELLEN	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTOR () Change () Addition
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I hereby certify that the information supplied with this filing does not qualify 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 02/03/2009