

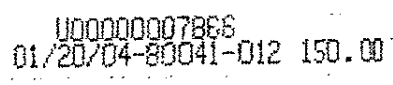


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00
Secretary of Sta

DOCUMENT # P00000003409 1. Entity Name FLORIDA EXECUTIVE VILLAS INCORPORATED			
Principal Place of Business 5 DIGSWELL HOUSE, MONKS RISE WELWYN GARDEN CITY HERTFORDSHIRE AL87NX ENGLAND,		Mailing Address 5 DIGSWELL HOUSE, MONKS RISE WELWYN GARDEN CITY HERTFORDSHIRE AL87NX ENGLAND,	
DO NOT WRITE IN THIS SPACE			
		01072004 No Chg-P CR2E034 (10/03)	
		4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fes Required
6. Name and Address of Current Registered Agent POHL & SHORT, P.A. 280 WEST CANTON AVE., STE. 410 WINTER PARK, FL 32790		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, GRAHAME S 5 DIGSWELL HOUSE, MONKS RISE HERTFORDSHIRE AL87NX ENGLAND,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, JANET 5 DIGSWELL HOUSE, MONKS RISE HERTFORDSHIRE AL87NX ENGLAND,		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>January 11, 2004</u> Daytime Phone # _____	