

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013509

FILED  
Jan 28, 2004  
Secretary of State

**Entity Name:** VILLAGE GROUP MANAGEMENT CORP.

**Current Principal Place of Business:**

13550 SW 10TH ST., STE. B  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

13550 SW 10TH ST., STE. B  
SUITE B  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

13550 SW 10TH ST., STE. B  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

13550 SW 10TH ST., STE. B  
SUITE B  
PEMBROKE PINES, FL 33027

**FEI Number:** 65-0980066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOCKWOOD, SCOTT  
9851 NW 10TH COURT  
PLANTATION, FL 33322

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LOCKWOOD, SCOTT  
Address: 9851 NW 10TH COURT  
City-St-Zip: PLANTATION, FL 33322

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

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SCOTT LOCKWOOD

P

01/28/2004

Electronic Signature of Signing Officer or Director

Date