FILED
Feb 08, 2007 08
Secretary of

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000044184

1. Entity Name
AMM VILLA SERVICES, INC.

Principal Place of Business	Mailing Address
1105 CAPE CORAL PKWY. E. SUITE C CAPE CORAL, FL 33904	1105 CAPE CORAL PKWY. E. SUITE C CAPE CORAL, FL 33904

01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1003779
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN R ESQ.
1105 CAPE CORAL PKWY. E.
SUITE C
CAPE CORAL, FL 33904

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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: _____ _____
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)* *DATE*

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000626799
02/15/07-80034-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	MOHR, ANNE
STREET ADDRESS	1105 CAPE CORAL PKWY. E.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	PD
NAME	MOHR, MICHAEL
STREET ADDRESS	1105 CAPE CORAL PKWY. E.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: Michael Mohr PD 01/31/07 +49 26161744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Im Vogelsang 25b
56179 Vallendar
Germany