

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90235 020 ***150.00

DOCUMENT # P00000052076																
1. Entity Name G.V.V. MANAGEMENT, INC.																
Principal Place of Business 2319 ROLLING VIEW DRIVE SPRING HILL, FL 34606		Mailing Address 2319 ROLLING VIEW DRIVE SPRING HILL, FL 34606														
2. Principal Place of Business - No P.O. Box # 4377 COMMERCIAL WAY		3. Mailing Address 4377 COMMERCIAL WAY														
Suite, Apt. #, etc. 159		Suite, Apt. #, etc. 159														
City & State SPRING HILL, FL		City & State SPRING HILL, FL														
Zip 34606		Zip 34606														
Country		Country														
6. Name and Address of Current Registered Agent VILLANO, GERI 2319 ROLLING VIEW DRIVE SPRING HILL, FL 34606		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name VILLANO, GERI</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 4377 COMMERCIAL WAY, SUITE 159</td> </tr> <tr> <td style="padding: 2px;">City SPRING HILL</td> <td style="padding: 2px;">FL</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code 34606</td> </tr> </table>		Name VILLANO, GERI		Street Address (P.O. Box Number is Not Acceptable) 4377 COMMERCIAL WAY, SUITE 159		City SPRING HILL	FL	Zip Code 34606						
Name VILLANO, GERI																
Street Address (P.O. Box Number is Not Acceptable) 4377 COMMERCIAL WAY, SUITE 159																
City SPRING HILL	FL															
Zip Code 34606																
4. FEI Number 59-3647754																
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																
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. <table style="width:100%;"> <tr> <td style="width:40%; vertical-align: bottom;"> SIGNATURE </td> <td style="width:20%; vertical-align: bottom;"> DATE 4-28-08 </td> </tr> </table>				SIGNATURE	DATE 4-28-08											
SIGNATURE	DATE 4-28-08															
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE DPST</td> <td style="width:70%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME VILLANO, GERI</td> <td></td> </tr> <tr> <td>STREET ADDRESS 2319 ROLLING VIEW DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP SPRING HILL, FL 34606</td> <td></td> </tr> </table>	TITLE DPST	<input type="checkbox"/> Delete	NAME VILLANO, GERI		STREET ADDRESS 2319 ROLLING VIEW DRIVE		CITY-ST-ZIP SPRING HILL, FL 34606		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME</td> <td style="width:70%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS 4377 COMMERCIAL WAY, SUITE 159</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP SPRING HILL, FL 34606</td> <td></td> </tr> </table>		TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS 4377 COMMERCIAL WAY, SUITE 159		CITY-ST-ZIP SPRING HILL, FL 34606	
TITLE DPST	<input type="checkbox"/> Delete															
NAME VILLANO, GERI																
STREET ADDRESS 2319 ROLLING VIEW DRIVE																
CITY-ST-ZIP SPRING HILL, FL 34606																
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition															
STREET ADDRESS 4377 COMMERCIAL WAY, SUITE 159																
CITY-ST-ZIP SPRING HILL, FL 34606																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME</td> <td style="width:70%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME</td> <td style="width:70%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP			
TITLE NAME	<input type="checkbox"/> Delete															
STREET ADDRESS																
CITY-ST-ZIP																
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
STREET ADDRESS																
CITY-ST-ZIP																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME</td> <td style="width:70%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME</td> <td style="width:70%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP			
TITLE NAME	<input type="checkbox"/> Delete															
STREET ADDRESS																
CITY-ST-ZIP																
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
STREET ADDRESS																
CITY-ST-ZIP																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME</td> <td style="width:70%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME</td> <td style="width:70%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP			
TITLE NAME	<input type="checkbox"/> Delete															
STREET ADDRESS																
CITY-ST-ZIP																
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
STREET ADDRESS																
CITY-ST-ZIP																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME</td> <td style="width:70%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>	TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME</td> <td style="width:70%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP			
TITLE NAME	<input type="checkbox"/> Delete															
STREET ADDRESS																
CITY-ST-ZIP																
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition															
STREET ADDRESS																
CITY-ST-ZIP																
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: GERI VILLANO x 4/28/08																