


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000093326 1. Entity Name VILLAGE APARTMENTS AT LEON ROAD, INC.	
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Principal Place of Business 3132 JULINGTON CREEK ROAD JACKSONVILLE, FL 32223	Mailing Address 3132 JULINGTON CREEK ROAD JACKSONVILLE, FL 32223
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3674485	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORGAN, ROBERT M 10110 SAN JOSE BLVD. JACKSONVILLE, FL 32257	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS		<p>000000088504 02/27/04-80048-004 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOREY, CARL 6677 BLANDING BLVD. JACKSONVILLE, FL 32244	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARHAT, SAMIR 3132 JULINGTON CREEK ROAD JACKSONVILLE, FL 32223	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: Sam Farhat 2/26/04 904 292 2794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #