2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000100833 1. Entity Name VILLAGE INN MOTEL & RV PARK, INC.

15 6

Principal Place of Business

17883 E. COLONIAL DRIVE ORLANDO, FL 32820 Mailing Address

17883 E. COLONIAL DRIVE ORLANDO, FL 32820

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90350 001 ***150.00

60029200



DO NOT WRITE IN THIS SPACE

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3678051 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Address	Current		

DUARTE, HERNAN 17883 E. COLONIAL DRIVE ORLANDO, FL 32820

DO NOT WRITE IN THIS SPACE

		. 1 112		
8. The above the obligati	named entity substitts this statement for the plons of registered agent.	urpose of changing its registere	ed office or registered agent, or both, in th	e State of Florida. I am familiar with, and accept
SIGNATURE_				
	Signature, typed or printed parts of registered agent and title	applicable. (NOTE: Registered	1 Agent signature required when reinstating)	DATE
	E NOW!!! FEE 15 \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		
TITLE	PD 🤾	* * * * * * * * * * * * * * * * * * * *	*1.	
NAME	DUARTE HERNAN		4 × 5 ×	
STREET ADDRESS 17883 E. COLONIAL DRIVE				
CITY-ST-ZIP	ORLANDO, FL 32820		•	
TITLE	., ., ., ., .		• ,	
NAME				•

DO NOT WRITE IN THIS SPACE

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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or 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 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 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and filed on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and filed on this report or supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and filed on this report of supplied with this filing does not qualify for the exemptions.

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADORESS
CITY-ST-ZIP
TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/13/06

107-568-5431