

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90004 019 ***150.00

DOCUMENT # P01000108327	
1. Entity Name VILANO PARTNERS, INC.	

Principal Place of Business 140 VILANO ROAD ST. AUGUSTINE, FL 32084	Mailing Address 140 VILANO ROAD ST. AUGUSTINE, FL 32084
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04000106



2. Principal Place of Business 49 Zamora St. Suite, Apt. #, etc.	3. Mailing Address 49 Zamora St. Suite, Apt. #, etc.
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07142004 Chg-P CR2E034 (10/03)

City & State Saint Augustine, FL	City & State Saint Augustine, FL
Zip 32084	Zip 32084
Country St. Johns	Country St. Johns

4. FEI Number 59-3758735	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLANCHARD, D THOMAS 310 GENOA RD ST. AUGUSTINE, FL 32084	
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7. Name and Address of New Registered Agent Name: W. Michael McGonigle Street Address (P.O. Box Number is Not Acceptable): 49 Zamora St. City: St. Augustine FL Zip Code: 32084	
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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: W. Michael McGonigle DATE: 7-14-04	
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLANCHARD, D. THOMAS 310 GENOA ROAD ST. AUGUSTINE, FL 32084 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCGONIGLE, W. MICHAEL 49 ZAMORA ST. ST. AUGUSTINE, FL 32084 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: W. Michael McGonigle	7-14-04	904-825-1571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

Attachment

7-14-04

54063132

To: State of Florida
Division of Corporations

RE: 2004 Annual report
Vilano Partners

FBI 59-3758735

Document # PO1000108327

Due to an oversight our annual report
was mailed without an accompanying check.

Enclosed please find a new for & check
to rectify this.

Sincerely;

W. Mike McGuire

P.S. Due to a change of address we never
received our renewal.