

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000066085

1. Entity Name
SAINTVIL ENTERPRISES INC.



Principal Place of Business

**12733 GRECO DR
ORLANDO, FL 32824**

Mailing Address

**12733 GRECO DR
ORLANDO, FL 32824**

DO NOT WRITE IN THIS SPACE



08162004 No Chg-P CR2E034 (10/03)

4. FEE Number
91-2192274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAINTVIL, BETTHY
12733 GRECO DR
ORLANDO, FL 32824**

**DO NOT WRITE
IN THIS SPACE**

B. 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 registering)

DATE

**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.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SAINTVIL, BETTHY
STREET ADDRESS	12733 GRECO DR
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	D
NAME	SAINTVIL, JEAN P
STREET ADDRESS	12733 GRECO DR
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000170424
08/19/04-80003-002 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 16, 2004 (407) 816-8877

Date

Daytime Phone #