

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90020 031 ***150.00

<div style="display: flex; justify-content: space-between;"> 000000 P02000114603 </div>			
1. Entity Name VILCO 20, INC.			
Principal Place of Business 1200 MAIN ST. FT. MYERS BEACH, FL 33931		Mailing Address 1200 MAIN ST. FT. MYERS BEACH, FL 33931	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2759 Suite, Apt. #, etc.	
City & State		City & State FL MYERS BEACH, FL	
Zip	Country	Zip 33932	Country
4. FEI Number 76-0717976		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75		02172004	
<div style="display: flex;"> <div style="flex: 1;"> 6. Name and Address of Current Registered Agent VILLERS, JOSEPH A 1200 MAIN ST. FT. MYERS BEACH, FL 33931 </div> <div style="flex: 1;"> 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </div> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PVST VILLERS, JOSEPH A 1200 MAIN ST. FT. MYERS BEACH, FL 33931	<input type="checkbox"/>	PVST VILLERS, JOSEPH A 1200 MAIN ST. FT. MYERS BEACH, FL 33931	<input type="checkbox"/>
D VILLERS, JOSEPH A 1200 MAIN ST. FT. MYERS BEACH, FL 33931	<input type="checkbox"/>	D VILLERS, JOSEPH A 1200 MAIN ST. FT. MYERS BEACH, FL 33931	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
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: <u>Joseph A. Villers</u> JOSEPH A. VILLERS <u>2/17/04</u> <u>239 463 7000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			