2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 17, 2006 08:θ0 A **DOCUMENT # P02000114648 Secretary of State** 1. Entity Name VILCO 15, INC. Principal Place of Business Mailing Address 1200 MAIN ST. PO BOX 2759 FT. MYERS BEACH, FL 33931 FORT MYERS BEACH, FL 33932-2759 03142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0717970 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VILLERS, JOSEPH A DO NOT WRITE 1200 MAIN ST. FT. MYERS BEACH, FL 33931 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE VILLERS, JOSEPH A. SASAS. STREET ADDRESS 1200 MAIN ST. CITY-ST-ZIP FT, MYERS BEACH, FL 33931 TITLE VILLERS, JOSEPH A MANAE 1200 MAIN ST. STREET ADDRESS CITY-ST-ZIP FT, MYERS BEACH, FL 33931 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. T 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 exacting with an address, with all other like empowered.

SIGNATURE:

CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> JOSEPH A VILLERS YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239) 463–7000