## **2004 FOR PROFIT CORPORATION**

## Aug 20, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000002388 08-20-2004 90003 011 \*\*\*150.00 FLORIDA ELITE VILLAS, INC. Principal Place of Business Mailing Address 54069140 8604 TUDOR COURT 8604 TUDOR COURT KISSIMMEE, FL 34747 KISSIMMEE, FL 34747 US 3. Mailing Address 8604 TUDOR 2. Principal Place of Business 8604 TUDOR COLECT Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 08092004 -Cha-P Applied For City & State 4 FFI Number City & State JSSIMMAEE FLORIDA KISSIMMER Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEORGINA BANKS MORGAN, HUGH 2831 RINGLING BOULEVARD SUITE D113 SARASOTA, FL 34237 MISSIMMEE 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 the obligations of registered agent BRNKS (NOTE: Registored Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. OFFICER ☐ Change Deiete ☐ Addition TITLE TITLE BANKS SHIRLES MARKE MAME STREET ADDRESS STREET ADDRESS 8604 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TIDE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Change-☐ Addition THE Detete NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ 'Addition TITLE TITLE ■ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITÝ-ST-ZIP .

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 affactment with an address, with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTO

Daytime Prienc #

FILED