


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90048 041 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |                                                                                    |                                                                                                                                                                                        |                                                                                                         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P03000059484</b><br>1. Entity Name<br><b>VILLAGE CONSULTING INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                    |                                                                                                                                                                                        |                        |  |
| Principal Place of Business<br>3700 S Ocean Blvd Apt 505<br>Highland Bch, FL 33487                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                    |                                                                                    | Mailing Address<br>3700 S Ocean Blvd Apt 505<br>Highland Bch, FL 33487                                                                                                                 |                                                                                                         |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                    | 3. Mailing Address                                                                 |                                                                                                                                                                                        |                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                    | Suite, Apt. #, etc.                                                                |                                                                                                                                                                                        |                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                    | City & State                                                                       |                                                                                                                                                                                        |                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                                                            | Zip                                                                                | Country                                                                                                                                                                                |                                                                                                         |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |                                                                                    | 7. Name and Address of New Registered Agent                                                                                                                                            |                                                                                                         |  |
| William Rebuth<br>3700 S Ocean Blvd Apt 505<br>Highland Bch, FL 33487                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                    |                                                                                    | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    |                                                                                    |                                                                                                                                                                                        |                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                                                                                                                                        | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                                            |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                    |                                                                                    | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                                           |                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br>REBUTH, WILLIAM<br>3700 S Ocean Blvd Apt 505<br>Highland Bch, FL 33487 <div style="text-align: right;"><input type="checkbox"/> Delete</div> |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VD<br>REBUTH, CAROL<br>3700 S Ocean Blvd Apt 505<br>Highland Bch, FL 33487 <div style="text-align: right;"><input type="checkbox"/> Delete</div>   |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                                                              |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                                                              |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <div style="text-align: right;"><input type="checkbox"/> Delete</div>                                                                              |                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                         | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |  |
| 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. |                                                                                                                                                    |                                                                                    |                                                                                                                                                                                        |                                                                                                         |  |
| <b>SIGNATURE:</b> <i>William J. Rebuth</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                    |                                                                                    | 4/15/05 727-204-2988<br><small>Date Daytime Phone #</small>                                                                                                                            |                                                                                                         |  |

40054910



03202005 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0820391**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**