

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90004 003 ***150.00

DOCUMENT # P03000080590

1. Entity Name
COMFORT VILLA FACILITY II, INC.



Principal Place of Business Mailing Address
 7598 SOUTHWICK DRIVE 7598 SOUTHWICK DRIVE
 ORLANDO, FL 32818 ORLANDO, FL 32818

02132004



2. Principal Place of Business 3. Mailing Address
7598 SOUTHWICK STREET **SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

02132004 Chg-P CR2E034 (10/03)

City & State City & State
ORLANDO FL

Zip Country Zip Country
32818 ORANGE

4. FEI Number Applied For
22X 13-4255169 Not Applicable

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

6. Name and Address of Current Registered Agent
SOOKLALL, NARAYANDATT
9114 LAKE COVENTRY CT
GOTHA, FL 34734

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: *Radica Sooklall*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 10)	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
D			
SOOKLALL, RADICA A			
9114 LAKE COVENTRY CT			
GOTHA, FL 34734			

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: *Radica Sooklall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #