## 2005 FOR PROFIT CORPORATION

## FILED Feb 04, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P03000130442 VILLA NATURA RESERVATION CENTER INC. Principal Place of Business -Mailing Address 7802 KINGSPOINTE PKWY 7802 KINGSPOINTE PKWY SUITE 101 Suite 101 ORLANDO, FL 32819 US ORLANDO, FL 32819 US No Cha-P CB2E034 (10/03) 01202005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2425482 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHARMAN, JENNIFER DO NOT WRITE 7802 KINGSPOINTE PKWY SUITE 101 IN THIS SPACE ORLANDO, FL 32819 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 (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PRES TITLE NAME SHARMAN, JENNIFER A //00000215915 02/05/05-80027-016 150.00 STREET ADDRESS 7802 KINGSPOINTE PKWY. SUITE 101 ORLANDO, FL 32819 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR