

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000153147

**FILED**  
**Mar 31, 2005**  
**Secretary of State**

**Entity Name:** VILELLA'S HOME REPAIR INC.

**Current Principal Place of Business:**

1520 SE 15TH PL  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1520 SE 15TH PL  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 04-3781295

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VILELLA'S, JOSE  
1520 SE 15TH PL  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

VILELLA, JOSE  
1520 SE 15TH PL  
CAPE CORAL, FL 33990 US

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.

SIGNATURE: JOSE VILELLA

03/31/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: VILELLA, JOSE  
Address: 1520 SE 15TH PL.  
City-St-Zip: CAPE CORAL, FL 33990

Title: S ( ) Delete  
Name: VILELLA, ELBA  
Address: 1520 SE 15TH PL.  
City-St-Zip: CAPE CORAL, FL 33990

Title: T ( ) Delete  
Name: VILELLA, HECTOR  
Address: 1520 SE 15TH PL.  
City-St-Zip: CAPE CORAL, FL 33990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE VILELLA

P

03/31/2005

Electronic Signature of Signing Officer or Director

Date