

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90073 019 \*\*\*150.00

**DOCUMENT # P04000020702**

1. Entity Name  
VILLAGE MAINTENANCE, INC.



Principal Place of Business  
4983 BROOK RD  
KISSIMMEE, FL 34758

Mailing Address  
4983 BROOK RD  
KISSIMMEE, FL 34758

40107536



05032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0669410

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

HAWKSWORTH, ALAN  
4983 BROOK RD  
KISSIMMEE, FL 34758

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
HAWKSWORTH, ALAN  
4983 BROOK RD  
KISSIMMEE, FL 34758

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/03/07  
Date

Daytime Phone #

Divisions of Corporations  
P.O. Box 8800  
Tallahassee, FL 32314

ATTACHMENT  
40107532  
#04000020702

To Whom It May Concern:

I am writing to inform you that we tried for two days to pay of fee for the Annual Report. We are sorry we did not send payment to you on time. We had difficulty with the online system; I guess it was an overload of Corporations trying to do everything at the last minute. I am inserting the messages we received from the online system.

## CGI Timeout

The specified CGI application exceeded the allowed time for processing. The server has deleted the process.

We're sorry but the Public Access System is unable to process your request at this time.  
Press your browsers' BACK arrow to retry your request, or return to the Division of  
Corporations' Public Access System main page.

I would like to thank the technician which helped me (Rob). He stated we could print off the form to mail in the payment as long as we attached a letter.

Sincerely,



Kay Bond  
Administrative Assistant  
Village Maintenance  
407-908-4213 (Cell)  
407-933-5242 (Phone / Fax)