

2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL
AND
FILED

05 APR 20 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02022005 Chg-P CR2E034 (10/03) *MRS*

DOCUMENT # P04000022854

1. Entity Name
VILLEDA CORP.



Principal Place of Business
3234 APOLLO TRAIL
TALLAHASSEE, FL 32309

Mailing Address
3234 APOLLO TRAIL
TALLAHASSEE, FL 32309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0688773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, MARIA
CAFETERIA, 2600 BLAIRSTONE RD
TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent

Name

(address change only)

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

3234 Apollo Trail

City

Tallahassee

FL

Zip Code

32309

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 \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME P/D
STREET ADDRESS Maria Reynolds
CITY-ST-ZIP 3234 Apollo Trail
Tallahassee FL 32309

TITLE ☐ Change ☒ Addition
NAME S/T
STREET ADDRESS Glenn Reynolds
CITY-ST-ZIP 3234 Apollo Trail
Tallahassee FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000054038110
05/09/05--01014--009 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Maria Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 850-656-1782
Date Daytime Phone #