


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90070 005 \*\*\*150.00

<b>DOCUMENT # P04000084802</b> 1. Entity Name <b>VILANO TRAVEL &amp; TOURS, INC.</b>					
Principal Place of Business <b>P.O. BOX 649 SAINT AUGUSTINE, FL 32085</b>			Mailing Address <b>P.O. BOX 649 SAINT AUGUSTINE, FL 32085</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>155 VILANO DR</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>OFFICE</b>			
City & State		City & State <b>St. Augustine</b>		4. FEI Number <b>25-1911879</b>	
Zip		Zip <b>32084</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BROWNING, VIVIAN 40 BEACHCOMBER WAY ST. AUGUSTINE, FL 32084</b>			7. Name and Address of New Registered Agent Name <b>Browning, Vivian</b> Street Address (P.O. Box Number is Not Acceptable) <b>30 Beachcomber Way</b> City <b>St. Augustine</b> <b>FL</b> Zip Code <b>32084</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNING, VIVIAN 40 BEACHCOMBER WAY ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWNING, VIVIAN C. 40 BEACHCOMBER WAY SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, JACQUELINE 48 BEACHCOMBER WAY SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, JACQUELINE 40 BEACHCOMBER WAY SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNING, VIVIAN 30 BEACHCOMBER WAY ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWNING, VIVIAN 30 BEACHCOMBER WAY ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNS, JACQUELINE 30 BEACHCOMBER WAY ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNS, JACQUELINE 30 BEACHCOMBER WAY ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWNING, VIVIAN 30 BEACHCOMBER WAY ST. AUGUSTINE, FL 32084	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**4/27/2007 (904)**  
**501-5891**