



2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90106 013 ***150.00

DOCUMENT # P04000117941 1. Entity Name VILLA MAINTENANCE SERVICES, INC.					
Principal Place of Business 301 N. CATTLEMEN RD., STE. 203 SARASOTA, FL 34232				Mailing Address 301 N. CATTLEMEN RD., STE. 203 SARASOTA, FL 34232	
2. Principal Place of Business ALLIANCE BUSINESS CTR Suite, Apt. #, etc. UNIT 269, 8421 SOUT City & State ORLANDO, FLORIDA Zip 32809		3. Mailing Address ALLIANCE BUSINESS CENTER Suite, Apt. #, etc. UNIT 269, 8421 SOUT City & State ORLANDO, FLORIDA Zip 32809			
4. FEI Number 71-0971900		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMPHREYS, LEE M 301 N. CATTLEMEN RD., STE. 203 SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name HUMPHREYS, LEE M Street Address (P.O. Box Number is Not Acceptable) UNIT 269, 8421 SOUTH ORANGE BLOSSOM TRAIL City ORLANDO		
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: <u>LEE HUMPHREYS PD</u> DATE: <u>04/20/06</u>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME HUMPHREYS, LEE M STREET ADDRESS 301 N. CATTLEMEN RD., STE. 203 CITY-ST-ZIP SARASOTA, FL 34232			TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HUMPHREYS, LEE M STREET ADDRESS UNIT 269, 8421 SOUTH ORANGE BLOSSOM CITY-ST-ZIP TRAIL, ORLANDO, FL, 32809		
TITLE VD <input type="checkbox"/> Delete NAME HUMPHREYS, SUSAN E STREET ADDRESS 301 N. CATTLEMEN RD., STE. 203 CITY-ST-ZIP SARASOTA, FL 34232			TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME HUMPHREYS, SUSAN E STREET ADDRESS UNIT 269, 8421 SOUTH ORANGE BLOSSOM CITY-ST-ZIP TRAIL, ORLANDO, FL, 32809		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>LEE HUMPHREYS PD</u> DATE: <u>04/20/06</u> DAYTIME PHONE: <u>407 729 5427</u>					