

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117941

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: VILLA MAINTENANCE SERVICES, INC.

## Current Principal Place of Business:

600 THACKER OFFICES & WAREHOUSE, SUITE A18  
600 NORTH THACKER AVENUE  
KISSIMMEE, FL 34741

## New Principal Place of Business:

52 RILEY ROAD  
SUITE 418  
KISSIMMEE, FL 34747

## Current Mailing Address:

600 THACKER OFFICES & WAREHOUSE, SUITE A18  
600 NORTH THACKER AVENUE  
KISSIMMEE, FL 34741

## New Mailing Address:

52 RILEY ROAD  
SUITE 418  
KISSIMMEE, FL 34747

FEI Number: 71-0971900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUMPHREYS, LEE M  
600 THACKER OFFICES & WAREHOUSE, SUITE A18  
600 NORTH THACKER AVENUE  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

HUMPHREYS, LEE M  
52 RILEY ROAD  
SUITE 418  
KISSIMMEE, FL 34747 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: LEE HUMPHREYS

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HUMPHREYS, LEE M  
Address: 600 N. THACKER AVE, SUITE A18  
City-St-Zip: KISSIMMEE, FL 34741

Title: VD ( ) Delete  
Name: HUMPHREYS, SUSAN E  
Address: 600 N. THACKER AVE, SUITE A18  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HUMPHREYS, LEE M  
Address: 52 RILEY ROAD, SUITE 418  
City-St-Zip: KISSIMMEE, FL 34747

Title: VD (X) Change ( ) Addition  
Name: HUMPHREYS, SUSAN E  
Address: 52 RILEY ROAD, SUITE 418  
City-St-Zip: KISSIMMEE, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEE M HUMPHREYS

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date