

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90406 034 ***150.00

DOCUMENT # P04000123203

1. Entity Name
EUROPEAN VILLAGE RESORT CORPORATION



Principal Place of Business
**1 PALM HARBOR PARKWAY
PALM COAST, FL 32137**

Mailing Address
**4 OLD OAK DRIVE SOUTH
PALM COAST, FL 32137**

50012541



2. Principal Place of Business

101 PALM HARBOR

3. Mailing Address

Suite, Apt. #, etc.

PARKWAY

Suite, Apt. #, etc.

03142006

Chg-P

CR2E034 (11/05)

City & State

PALM COAST FL

City & State

4. FEI Number

20-1765521

Applied For

Not Applicable

Zip

32137

Country

US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROEHR, CLAUD PETER
4 OLD OAK DRIVE SOUTH
PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

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
**ROEHR, CLAUD PETER
4 OLD OAK DRIVE SOUTH
PALM COAST, FL 32137**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

386-597-5200

Date

Daytime Phone #