## 2008 FOR PROFIT CORPORATION

## FILED May 09, 2008 8:00 am Secretary of State

ANNUAL REPORT	-	
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DOCUMENT # P04000140400  1. Entity Name HIDDEN VILLAGE ESTATES, INC.						05-09-2008	90004 035 ***5.	50.00
Principal Plac	a of Business	Mailing Address		•	T ANNOQQ	916		
•		-	Mailing Address		40099916			
POST OFFICE	BOX 219	POST OFFICE BOX 21	FFICE BOX 219					
VERNON, FL	32462	VERNON, FL 32462					61 1167 61611 PANI BIGH 84211	F81(80) () (88)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04242008	Chg-P	CR2E034 (12/06	)
City & State		City & State	City & State		4. FEI Number 51-0527	061	<del></del>	Applied For Not Applicable
Zip	Country	Zip	Cour	ntry		Status Desired	□ \$8.75 A Fee Requi	dditional
	6. Name and Address of Currer	at Registered Agent			7. Name and A	ddress of New R	legistered Agent	
	- The state of state			Name				
BISOBDI	SABRINA A			144110				ļ
	OKEE ROAD			Street Address	(P.O. Box Number	is Not Acceptable		
				Sireet Address	(i .O. BOX NUMBER	13 NOT ACCEPTABLE	<b>2</b> )	
SHALIMAN	R, FL 32579							
	*			City			FL Zip Co	de
		<u> </u>				•	. –	
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing	ts register	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am familiar wit	n, and accept
SIGNATURE_	Signature, typed or printed name of registered age	ent and title if applicable. (N	OTE: Registeri	ed Agent signature require	ed when reinstating)		DATE	
		1			<del></del>			
		9. Election Camp	ainn Fina	ncina 🗱	5.00 May Be			Į
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550		_	~ _ ~	ded to Fees			:
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND DIRECTO	RS IN 11
TITLE	Ö	☐ Delete	TITL	F		-	☐ Change	
NAME	BROWN, JAMES	25 00.00	NAN	l			L_J Orango	
STREET ADDRESS	P.O. BOX 219			EET ADDRESS				ļ
CITY-ST-ZIP	VERNON, FL 32462	- <u> </u>	GIL	(-SI-ZIP				
TITLE	D	☐ Delete	TITL	.E			☐ Change	☐ Addition
NAME	BROWN, MARION L		NAM	AE .				
STREET ADDRESS	P.O. BOX 219		STR	EET ADORESS				ł
CITY-ST-ZIP	VERNON, FL 32462		CITY	(-ST-ZIP				
TITLE		□ Pelete	TITL					- Addition
NAME		☐ Delete	NAN.	i i			☐ Change	Addition
				_				}
STREET ADDRESS				EET ADDRESS				-
CITY-ST-ZIP			CITY	r-ST-ZIP			·	
TITLE		☐ Delete	TITL	.E.			Change	Addition
NAME			NAN	AE				
STREET ADDRESS			STR	EET ADDRESS				
CITY-ST-ZIP			CIT	/-ST-ZIP				
TITLE		☐ Delete	TITL	F			☐ Change	Addition
NAME		C Delete	NAA	- 1				- Montion
STREET ADDRESS			STR	EET ADDRESS				
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STREET ADDRESS		☐ Delete	STR	EET ADDRESS Y-ST-ZIP			☐ Change	Addition
STREET ADDRESS CITY-S1-ZIP		☐ Delete	STR	EET ADDRESS (-ST-ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	STR CIT' TITL NAM	EET ADDRESS (-ST-ZIP	<del></del>		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Delete	STR CITY TITL NAM STR	EET ADDRESS 7-ST-ZIP E			☐ Change	Addition
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP	partify that the information constitution		STR CIT TITL NAM STR CIT	EET ADDRESS (- S1- ZIP  .E  .E  .E  .E  .E  .E  .C-S1- ZIP	ad in Chapter 112	Florida Clarica		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby indicated	certify that the information supplied w on this report or supplemental repor poration or the receiver or trustee em	rith this filling does not qualify t is true and accurate and tha	STR CIT' NAM STR CIT' for the ext my signs	EET ADDRESS (-ST-ZIP  E. ARE EET ADDRESS (-ST-ZIP  comptions contained ture shall have the	e same legal effect	as if made under (	further certify that the	information er or director