## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149109

Entity Name: VILLAWARREN INDUSTRIES, P.A.

FILED Apr 11, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 261 9838 OLD BAYMEADOWS RD SAINT AUGUSTINE, FL 32085

#287

JACKSONVILLE, FL 32256

**Current Mailing Address: New Mailing Address:** 

9838 OLD BAYMEADOWS RD P.O. BOX 261 SAINT AUGUSTINE, FL 32085 US

#287

JACKSONVILLE, FL 32256 US

FEI Number: 52-2447040 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WARREN, ROBERT J WARREN, ROBERT J

9838 OLD BAYMEADOWS RD PO BOX 261

SAINT AUGUSTINE, FL 32085 US #287 JACKSONVILLE, FL 32256 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: 04/11/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

WARREN, ROBERT J WARREN, ROBERT J Name: Name:

PO BOX 261 9838 OLD BAYMEADOWS RD #287 Address: Address: City-St-Zip: SAINT AUGUSTINE, FL 32085 US City-St-Zip: JACKSONVILLE, FL 32256 US

Title: TREA Title: (X) Change ( ) Addition () Delete

WARREN, CLAUDIA C WARREN, CLAUDIA C Name: Name:

PO BOX 261 Address: 9838 OLD BAYMEADOWS RD #287 Address: SAINT AUGUSTINE, FL 32085 US JACKSONVILLE, FL 32256 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDIA C. WARREN TREA 04/11/2007