


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90392 001 ***150.00

DOCUMENT # P04000152430	
1. Entity Name VILLA CONSTRUCTION, INC	



Principal Place of Business 622 MORGAN ST. WINTER SPRINGS FL 32708 US	Mailing Address 622 MORGAN ST. WINTER SPRINGS FL 32708 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 76-0771292		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		7. Name and Address of New Registered Agent	
DEDELOW, EDWARD W   Mr. Edward W. Dedelow 622 Morgan St. Winter Springs FL 32708		Name Street Address City State 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP P DEDELOW, EDWARD W 367 KANTOR BLVD CASSELBERRY FL 32707 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP Mr. Edward W. Dedelow 622 Morgan St. Winter Springs FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP S DEDELOW, EDWAED 622 MORGAN ST WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP Mr. Edward W. Dedelow 622 Morgan St. Winter Springs FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date _____ Daytime Phone # _____