

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157638

FILED
Apr 24, 2009
Secretary of State

Entity Name: VILLA CITRUS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

210 NORTH THIRD AVENUE
WAUCHULA, FL 33873

New Principal Place of Business:

4757 SWEETWATER RD
ZOLFO SPRINGS, FL 33890

Current Mailing Address:

P.O. BOX 1264
WAUCHULA, FL 33873

New Mailing Address:

4757 SWEETWATER RD
ZOLFO SPRINGS, FL 33890

FEI Number: 20-1934853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, CARLOS N
4757 SWEETWATER ROAD
ZOLFO SPRINGS, FL 33890 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: BAILEY, CARLOS N
Address: 4757 SWEETWATER ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLOS N BAILEY

PST

04/24/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date