2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State
05-02-2007 90116 036 ***150.00

DOCUMENT # P06000022080

1. Entity Name
VILLORIA KITCHEN & BATH, INC.

Principal Place of Business	Mailing Address
8949 S.E. BRIDGE ROAD HOBE SOUND, FL 33455 US	8949 S.E. BRIDGE ROAD HOBE SOUND, FL 33455 US

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

04162007 Chg-P CR2E034 (12/06)

4. FEI Number 204293906 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VILLORIA, JOHN J 8949 S.E. BRIDGE ROAD HOBE SOUND, FL 33455	Name: VILLORIA JOHN J Street Address (P.O. Box Number is Not Acceptable): 5404 EAGLE LAKE DRIVE City: PALM BEACH GARDENS FL Zip Code 33418

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: JOHN J VILLORIA — 4/27/07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	VILLORIA, JOHN	NAME	VILLORIA, JOHN J
STREET ADDRESS	8949 S.E. BRIDGE ROAD	STREET ADDRESS	5404 EAGLE LAKE DRIVE
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP	PALM BEACH GARDENS FL, 33418
TITLE	VP ☐ Delete	TITLE	VP ☒ Change ☐ Addition
NAME	VILLORIA, JULIE	NAME	VILLORIA, JULIE
STREET ADDRESS	8949 S.E. BRIDGE ROAD	STREET ADDRESS	5404 EAGLE LAKE DRIVE
CITY-ST-ZIP	HOBE SOUND, FL 33455	CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: VILLORIA JOHN J (PRES) — 4/27/07 — 561-718-5104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #