2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

2/28

FILED
Mar 14, 2008 8:00 am
Secretary of State
02-28-2008 90019 011 ***150.00

DOCUMENT # P07000050132

1. Entity Name

VILLARAN & SON PROFESSIONAL PHOTOGRAPHY INC

Principal Place of Business	Mailing Address
1455 HEATHER WAY KISSIMMEE FL 34744	1455 HEATHER WAY KISSIMMEE FL 34744

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1455 HEATHER WAY.	1455 HEATHER WAY.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL 34744.	City & State: KISSIMMEE FL
Zip: 34744. Country: Osceola.	Zip: 34744. Country: Osceola.

4. FEI Number: 20-8955931 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VILLAMIL, NANCY
3501 W VINE STREET
315
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City 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 ______________________
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	VILLARAN, LOUIS JR	
STREET ADDRESS	1455 HEATHER WAY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VP	☐ Delete
NAME	VILLARAN, OFELIA	
STREET ADDRESS	1455 HEATHER WAY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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] FEB 18 08.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #