

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED** 72  
Feb 08, 2006 08:00 AM  
Secretary of State

PMY 158.75  
960-182



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P30828</b>			
1. Entity Name VILLAGE ORIGINALS, INC.			
Principal Place of Business 1125 GILLS DR SUITE 800 ORLANDO FL 32824 US		Mailing Address 6084 PAISLEY DR. NORTH OLMSTED OH 44070 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 34-1151438		Applied For Not Applied	
5. Certificate of Status Desired		8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  GEHRING, JAMES H. JR. 10404 LAKE LOUISA DR. CLERMONT FL 34711		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State.**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP GEHRING, JAMES H. JR. 10404 LAKE LOUISA DR CLERMONT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000425233 <input type="checkbox"/> Change <input type="checkbox"/> Add 02/18/06-80085-015 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GEHRING, MARGERY E. 10404 LAKE LOUISA DR CLERMONT FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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"/> Add
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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"/> Add

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 another like empowered.

**SIGNATURE:**

*James H. Gehring Jr*  
JAMES H. GEHRING JR

2-3-06

440 774-7642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #