

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED *Dept*

Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P30828

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

Pay 158.75



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 (10/07)

4. FEI Number

34-1151438

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

GEHRING, JAMES H. JR.
10404 LAKE LOUISA RD.
CLERMONT FL 34711

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 reconstituting)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME GEHRING, JAMES H. JR.
STREET ADDRESS 10404 LAKE LOUISA DR
CITY-ST-ZIP CLERMONT FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000823089
CITY-ST-ZIP 02/20/08-80024-007 158.75

TITLE V ☐ Delete
NAME GEHRING, MARGERY E.
STREET ADDRESS 10404 LAKE LOUISA DR
CITY-ST-ZIP CLERMONT FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

James H. Gehring, Jr.

James H. Gehring, Jr.

2-08-2008 440 779-7642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #