2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

FILED Mar 15, 2004 08:00 AM DOCUMENT # P93000030303 1. Entity Name **Secretary of State** VILLAGE CONSTRUCTION COMPANY, INC. Principal Place of Business Mailing Address 1046 LAKE FRANCIS DRIVE 1046 LAKE FRANCIS DRIVE APOPKA FL 32712 US APOPKA FL 32712 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3176725 Not Applicable Z_{1D} Cauntry \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WARK, RICHARD D. Street Address (P.O. Box Number is Not Acceptable) 1046 LAKE FRANCIS DRIVE APOPKA FL 32712 City 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 little if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition **PST** TITLE ☐ Delete HILE U00000088380 NAME NAME WARK, RICHARD D. 03/15/04-80047-025 150.00 STREET ADDRESS 1046 LAKE FRANCIS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Deiete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE 7172 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE 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 exemption stated in Section 119.07(3)(i), 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 eath, 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 attacking it with an address, with all other like empowered.

4850 D. WARK, PRESIDENT 3/8/04 407-886-270