2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P95000097867

1. Entity Name
A VILLAGE STAMP & COIN, INC.

Principal Place of Business	Mailing Address
1747 WEST FLETCHER AVENUE TAMPA, FL 33612	1747 WEST FLETCHER AVENUE TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE

05012007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3354793		Not Applicable

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

6. Name and Address of Current Registered Agent

BURTON, GLENN M
100 WEST KENNEDY BLVD
SUITE 800
TAMPA, FL 33602

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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, 2007 Fee will be $550.00**	9. Election Campaign Financing ☐ Trust Fund Contribution.	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HOWARD, EDWARD
STREET ADDRESS	1747 W. FLETCHER AVE.
CITY-ST-ZIP	TAMPA, FL

TITLE	PSD
NAME	HOWARD, EDWARD
STREET ADDRESS	1747 W FLETCHEZ AVE
CITY-ST-ZIP	TAMPA, FL 33612

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U000000760993
05/25/07-80037-007 150.00

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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: _____   EDWARD HOWARD   4-30-07   813 462 3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #