## FILED Feb 07, 2005 08:00 A Secretary of State

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000012063  1. Entity Name CHRISTIN'S VILLA SERVICE, INC.							
6371-4 PRE	ESIDENTIAL CT	Aailing Address 6371-4 PRESIDENTIAL CT.	<u> </u>				
FORT MYER	S, FL 33919	FORT MYERS, FL 33919			J (PRJ BIII) B <b>ii</b> il bein bein	Print (1917 sen home	
DO NOT WRITE IN THIS SPACE			CE	01282005 4. FEI Numbe		CR2E034 (10	Applied For
				55-0724106   Not Applicable   S. Certificate of Status Desired   \$8.75 Additional			
,to,,oak F 17 1	6. Name and Address of Current Regis	stered Agent			- The second sec	Fee Re	equired
JESSEN, ANDREW G 6371-4 PRESIDENTIAL CT FT MYERS, FL 33919			DO NOT WRITE IN THIS SPACE				
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 tills if applicable (NOTE Registered Agent signature required when retraining)  OATE							
FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  \$ Election Campaign Financing \$5.0 Trust Fund Contribution.					19000003 1-207703-1	218306 30059-019	150,00
10.	OFFICERS AND DIRE	ĈTŌRS	· + ··-=				
title Name	EGER, GUNTER						
STREET ADDRESS CITY-ST-ZIP	AM REMBERG 1 75210 KELTERN GERMANY,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KESSLER, RICHARD WALBLICK 40 75245 NEULINGEN GERMANY,						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP				IN 7	THIS SP	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>	-	- ·· · · · · · · · · · · · · · · · · ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	en seen seen saas Mend	100					
12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.							
SIGNATURE: SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #							