

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90007 010 ***150.00

DOCUMENT # P96000049222 1. Entity Name PARK VILLA RENTALS, INC.					
Principal Place of Business 3324 S MACDILL AVE TAMPA, FL 33629 US			Mailing Address 3324 S MACDILL AVE TAMPA, FL 33629 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 100 2nd Ave S. # 904		40010417  02012006 Chg-P CR2E034 (11/05)	
City & State		City & State St. Petersburg, FL			
Zip		Zip 33701-4337			
Country		Country USA			
6. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. MIAMI, FL 33131				7. Name and Address of New Registered Agent 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 reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTOPHER, BRIAN 3324 S. MACDILL AVE TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTOPHER, PAULINE 3324 S. MACDILL AVE TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Ad	

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, changed, or on an attachment with an address, with all other like empowered.

[Handwritten signature]

Feb 6/06