

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000067557

Entity Name: VILLAGE ARIZONA, INC.

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

1125 GRILLS DR  
STE 800  
ORLANDO, FL 32824 US

## New Principal Place of Business:

## Current Mailing Address:

6084 PAISLEY DR  
NORTH OLSTED, OH 44070 US

## New Mailing Address:

FEI Number: 59-3399553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GEHRING, JAMES JR  
Address: 1125 GILLS DR #800  
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete  
Name: GEHRING, JAMES III  
Address: 1125 GILLS DR #800  
City-St-Zip: ORLANDO, FL 32824

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES H GEHRING, JR

PRES

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date