


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90043 003 \*\*\*158.75

**DOCUMENT # P97000022336**

1. Entity Name  
**VILLA ROMERO FRAMING, INC.**



Principal Place of Business  
**104 E BROAD ST  
GROVELAND, FL 34736 US**

Mailing Address  
**P.O. BOX 35  
GROVELAND, FL 34736 US**

**50018698**

2. Principal Place of Business  
**PO Box 35  
Groveland, FL.**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
**34736** Country  
**US**



02152005 Chg-P CR2E034 (10/03)

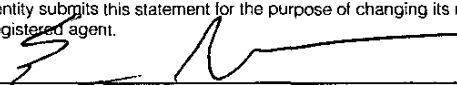
4. FEI Number  
**59-3433252**

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

6. Name and Address of Current Registered Agent  
**VILLANUEVA, ESTEBAN  
128 TOSCANOOGA RD  
MASCOTTE, FL 34753**

7. Name and Address of New Registered Agent  
Name  
**Esteban Villanueva**  
Street Address (P.O. Box Number is Not Acceptable)  
**210 Pearl St.  
Mascotte, FL. 34753**  
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.

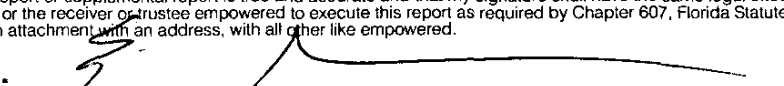
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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	<b>D VILLANUEVA, ESTEBAN 128 TOSCANOOGA RD MASCOTTE, FL 34753</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Villanueva Esteban 210 Pearl St. Mascotte, FL. 34753</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  Date **2/18/05** Daytime Phone #