2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000000736

1. *Entity Name*
GASPARVILLAS, INC.

Principal Place of Business	Mailing Address
7025 PLACIDA RD STE B ENGLEWOOD, FL 34224 US	P.O. BOX 5 PLACIDA, FL 33946 US

07062004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

PAUL, JERRY S
18401 MURDOCK CIRCLE
PORT CHARLOTTE, FL 33948

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 title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000164742
07/09/04--80002-001 558.75

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HILL, JANET B
STREET ADDRESS	P.O. BOX 5
CITY-ST-ZIP	PLACIDA, FL 33946
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _Janet B. Hill_ Janet R. Hill   7-6-04   941-697-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #