## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 05, 2004 8:00 am Secretary of State

NAME STRET ADDRESS 36468 EMERALD COAST PKWY. #6101 DESTIN, FL 32541  TITLE S LOBBER, STEPHANIE G PO BOX 1808 CITY-ST-ZIP FT WALTON, FL 32549  TITLE S SENNER, GERALD E STRET ADDRESS CITY-ST-ZIP TITLE S NAME STRET ADDRESS CITY-ST-ZIP TITLE S LOBBER, MICHAEL J PO BOX 1808 CITY-ST-ZIP FORT WALTON BEACH, FL 32549  TITLE S LOBBER, MICHAEL J PO BOX 1808 CITY-ST-ZIP TITLE S LOBBER, MICHAEL J PO BOX 1808 CITY-ST-ZIP TITLE S LOBBER, MICHAEL J PO BOX 1808 CITY-ST-ZIP FORT WALTON BEACH, FL 32549  TITLE S NAME LORD, LEVEN D PO BOX 1808 CITY-ST-ZIP FORT WALTON BEACH, FL 32549  CITY-ST-ZIP TITLE S NAME STRET ADDRESS CITY-ST-ZIP TITLE S CHARGE STRET ADDRESS CITY-ST-ZIP STRET ADDRES	DOCUN  I. Entity Name  VILLA BAL				Secretary of State 02-05-2004 90007 049 ***150.00					
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Surfet HOI  Cry & State  Sp. 3355267  A FE Number  Sp. 3355267  A Sc Centificate of Status Desired  Sp. 3575 Actional  Sp. 7, Name and Address of New Registered Agent  FULSE, CRAIG J  State And Cry & State  Cry &	1990 Emc	raid Coast PKWV.	34990 Emerala	Coast PKW	۸۸۰					
City & State  Ci	Suite 401 Suite 401					01192004	Chg-P	CR2E0	34 (10/03)	
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2. 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 informatio 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 direct of the corporation or the receiver or trustee en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 changed, or on an attachment with an address, with all other like impowered.					stated in S	ection 119 07/3	(i) Florida Statute	s. I further ce	rtify that the i	nformation