
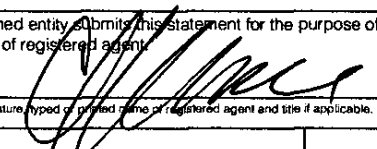
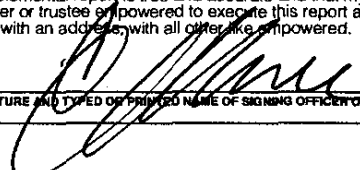


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-05-2004 90007 049 \*\*\*150.00

|   |   |   |  |   |   |  |
|---|---|---|--|---|---|--|
| <b>DOCUMENT # P99000024978</b><br>1. Entity Name<br><b>VILLA BALLERO, INC.</b>  |   |   |  |    |   |  |
| Principal Place of Business<br><b>36468 EMERALD COAST PKWY<br/>6101<br/>DESTIN, FL 32541</b>  |   |   |  | Mailing Address<br><b>PO BOX 309<br/>FT WALTON BCH, FL 32549</b>  |   |  |
| 2. Principal Place of Business<br><b>34990 Emerald Coast Pkwy.</b><br>Suite, Apt. #, etc.<br><b>Suite 401</b><br>City & State<br><b>Destin Florida</b><br>Zip<br><b>32541</b>   |   | 3. Mailing Address<br><b>34990 Emerald Coast Pkwy.</b><br>Suite, Apt. #, etc.<br><b>Suite 401</b><br>City & State<br><b>Destin Florida</b><br>Zip<br><b>32541</b> |  | 4. FEI Number<br><b>59-3565267</b><br>Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| Country<br><b>U.S.</b>  |   | Country<br><b>U.S.</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><b>KRUSE, CRAIG J<br/>36468 EMERALD COAST PKWY. #6101<br/>DESTIN, FL 32541</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>Craig J. Kruse</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>34990 Emerald Coast Pkwy.</b><br><b>Suite 401</b><br>City<br><b>Destin</b>   |   |  |
| State<br><b>FL</b>  |   | Zip Code<br><b>32541</b>  |  | 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.<br>SIGNATURE  DATE <b>1/26/04</b><br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |   |  |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>  |   |   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>KRUSE, CRAIG J<br>36468 EMERALD COAST PKWY. #6101<br>DESTIN, FL 32541 <input type="checkbox"/> Delete      |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>Kruse, Craig J.<br>34990 Emerald Coast Pkwy. Suite 401<br>Destin, FL. 32541 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>LOBBER, STEPHANIE G<br>PO BOX 1808<br>FT WALTON, FL 32549 <input checked="" type="checkbox"/> Delete       |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>SENNER, GERALD E<br>131.LAKEWOOD ESTATE DR.<br>NEW ORLEANS, LA 70131 <input type="checkbox"/> Delete       |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>LOBBER, MICHAEL J<br>PO BOX 1808<br>FORT WALTON BEACH, FL 32549 <input checked="" type="checkbox"/> Delete |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>LORD, LEVEN D<br>PO BOX 1808<br>FORT WALTON BEACH, FL 32549 <input checked="" type="checkbox"/> Delete     |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>LORD, GAIL E<br>PO BOX 1808<br>FORT WALTON BEACH, FL 32549 <input checked="" type="checkbox"/> Delete      |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>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:   |   |   |  | 1/26/04<br>Date Daytime Phone #   |   |  |