


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90137 031 ***150.00

DOCUMENT # P99000046930					
1. Entity Name THE VILANO GROUP, INC.					
Principal Place of Business 160 VILANO RD SAINT AUGUSTINE, FL 32084			Mailing Address 160 VILANO RD SAINT AUGUSTINE, FL 32084		
2. Principal Place of Business 160 Vilano Road		3. Mailing Address 160 Vilano Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State ST. AUGUSTINE, FL		City & State ST. AUGUSTINE, FL		4. FEI Number 59-3582561	
Zip 32084		Country ST. JOHNS		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, CHARLES E JR 77 ALMERIA STREET SAINT AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME SMITH, SHELIA		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6012 HAMPSHIRE GRN	214 MOODY'S RUN		PORTSMOUTH, VA 237035510 WILLIAMSBURG VA		
CITY-ST-ZIP	PORTSMOUTH, VA 237035510 WILLIAMSBURG VA				
TITLE V	NAME SMITH, DANIEL M JF		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6012 HAMPSHIRE GRN	204 MOODY'S RUN		PORTSMOUTH, VA 237035510 WILLIAMSBURG VA		
CITY-ST-ZIP	PORTSMOUTH, VA 237035510 WILLIAMSBURG VA				
TITLE P	NAME SCULLEY, STEVEN		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1 SPRINGHOUSE RD	23185		WEAVERVILLE, NC 28787		
CITY-ST-ZIP	WEAVERVILLE, NC 28787				
TITLE _____	NAME _____		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	_____				
CITY-ST-ZIP	_____				
TITLE _____	NAME _____		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS _____	_____				
CITY-ST-ZIP	_____				
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: <i>Steven Sculley</i> STEVEN SCULLEY 4/5/05 828 645 8961					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					