

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90134 034 \*\*\*150.00

**DOCUMENT # P99000046930**

1. Entity Name  
**THE VILANO GROUP, INC.**



Principal Place of Business  
**160 VICANO RD VILANO *SS***  
**SAINT AUGUSTINE, FL 32084**

Mailing Address  
**160 VICANO RD VILANO *SS***  
**SAINT AUGUSTINE, FL 32084**



02252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3582561**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HALL, CHARLES E JR**  
**77 ALMERIA STREET**  
**SAINT AUGUSTINE, FL 32084**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/15/06*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, <del>SHELIA</del> <i>SHEILA <i>SS</i></i> 204 MOODYS RUN WILLIAMSBURG, VA 23185
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, DANIEL M JF <i>SS</i> <del>204 MOODYS RUN</del> <i>711 HOLLY ST.</i> <del>WILLIAMSBURG, VA 23185</del> <i>RICHMOND, VA, 23220</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCULLEY, STEVEN 1 SPRINGHOUSE RD WEAVERVILLE, NC 28787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemptions contained in Chapter 119, 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: *SHEILA S. SMITH Sheila A. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3-3-06 757-645-6433*

Date

Daytime Phone #