

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

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



03102008 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, SHEILA
STREET ADDRESS	204 MOODYS RUN
CITY-ST-ZIP	WILLIAMSBURG, VA 23185
TITLE	V
NAME	SMITH, DANIEL M JF
STREET ADDRESS	711 HOLLY ST
CITY-ST-ZIP	RICHMOND, VA 23220
TITLE	P
NAME	SCULLEY, STEVEN
STREET ADDRESS	1 SPRINGHOUSE RD
CITY-ST-ZIP	WEAVERVILLE, NC 28787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000867984
04/08/08-80094-003 150.00

**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 A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-08 757-345-0996
Date Daytime Phone #