


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED 950
Jul 14, 2005 08:00 AM
Secretary of State

DOCUMENT # S86401

1. Entity Name
VILLA SPECIALTIES OF GULF COAST, INC.



Principal Place of Business
5461 FACTORY SHOPS BLVD
ELLENTON, FL 34222

Mailing Address
17 ELM ST.
DEP 1903
MORRISTOWN, NJ 07960 US



07062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1663809

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PS
NAME	CAFONE, CONNIE
STREET ADDRESS	17 ELM STREET
CITY-ST-ZIP	MORRISTOWN, NJ 07960
TITLE	S
NAME	PUGLIESE, BIAGIO
STREET ADDRESS	17 ELM STREET
CITY-ST-ZIP	MORRISTOWN, NJ 09760
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UUUUUU372750
07/14/05-BUUU05-020 150.00

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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: *Biagio Pugliese* SECRETARY 7/17/05 285-4808 (973)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BIAGIO PUGLIESE