2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # V35089

1. Entity Name

VILLAGE INVESTMENT PROPERTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 271804 TAMPA FL 33688	P.O. BOX 271804 TAMPA FL 33688

2. Principal Place of Business	3. Mailing Address
Suite Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country	Zip	Country

MOORE   CR2E034 (11/03)

4. FEI Number **59-3120823**   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARTMANN, ALICE 11924 CONGRESSIONAL DR TAMPA FL 33626	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 _____ Signature or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILING FEE IS $150.00
After 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: HARTMANN, ALICE STREET ADDRESS: 11924 CONGRESSIONAL DR. CITY-ST-ZIP: TAMPA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS U000000075507 CITY-ST-ZIP 03/03/04--80063-005 150.00	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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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: _Alice Hartmann_ ALICE HARTMANN 2/27/04 813 962-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #