

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 JUL -6 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M30499

1. Entity Name  
RESORT MANAGEMENT SERVICES INC.



Principal Place of Business Mailing Address  
920 THIRD AVENUE 920 THIRD AVENUE  
NEW SMYRNA BEACH, FL 32169 US NEW SMYRNA BEACH, FL 32169 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

06142007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2689878 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

KOSMAS, JAMES M  
111 LIVE OAK STREET  
NEW SMYRNA BEACH, FL 32168

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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 ☐ Delete  
NAME KOSMAS, STEVEN P  
STREET ADDRESS 920 THIRD AVENUE  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE P/D ☒ Change ☐ Addition  
NAME KOSMAS, STEVEN P.  
STREET ADDRESS 920 Third Avenue  
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME DUFFY, TRUDY  
STREET ADDRESS 920 Third Avenue  
CITY-ST-ZIP New Smyrna Beach, FL 32169

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Am P Kosmas President 6/12/2007 (386) 427-6892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #