

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002597

FILED  
Jan 08, 2010  
Secretary of State

Entity Name: FAMILY FUN CABINS, INC.

**Current Principal Place of Business:**

1425 SUMMIT HILL DR.  
DELTONA, FL 32725

**New Principal Place of Business:**

**Current Mailing Address:**

1425 SUMMIT HILL DR.  
DELTONA, FL 32725

**New Mailing Address:**

FEI Number: 22-3951396

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FARLEY, KEVIN M VST  
1425 SUMMIT HILL DR.  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FARLEY, TERESA M.  
Address: 1425 SUMMIT HILL DR.  
City-St-Zip: DELTONA, FL 32725

Title: VST  
Name: FARLEY, KEVIN M.  
Address: 1425 SUMMIT HILL DR.  
City-St-Zip: DELTONA, FL 32725

Title: D  
Name: FARLEY, MARIE A.  
Address: 1425 SUMMIT HILL DR.  
City-St-Zip: DELTONA, FL 32725

Title: D  
Name: FARLEY, JOHN J.  
Address: 1425 SUMMIT HILL DR.  
City-St-Zip: DELTONA, FL 32725

Title: D  
Name: FARLEY, JOHN J. II  
Address: 1425 SUMMIT HILL DR.  
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN M. FARLEY

VST

01/08/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date