

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000075230

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA IDEAL VACATION HOMES & MANAGEMENT, INC.

**Current Principal Place of Business:**

420 MONTANA AVENUE  
DAVENPORT, FL 33897

**New Principal Place of Business:**

**Current Mailing Address:**

420 MONTANA AVENUE  
DAVENPORT, FL 33897

**New Mailing Address:**

FEI Number: 27-0905042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PROFESSIONAL ACCOUNTING & TAX SERVICES INC  
7854 W IRLO BRONSON HWY  
KISSIMMEE, FL 34747 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: BUCKLEY, STUART  
Address: 420 MONTANA AVENUE  
City-St-Zip: DAVENPORT, FL 33897

Title: VP  
Name: BUCKLEY, PATRICIA  
Address: 44 STEVENAGE ROAD  
City-St-Zip: KNEBWORTH, UK SG3 6NN

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: S J BUCKLEY

P

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date