

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000034853

FILED
Dec 13, 2004
Secretary of State

Entity Name: VENTURA HOLIDAY & VACATION CENTER, INC.

Current Principal Place of Business:

1948 OSCEOLA PKWY
KISSIMMEE, FL 34743 US

New Principal Place of Business:

2509 PRAIRIE VIEW DRIVE
WINTER GARDEN, FL 34787 US

Current Mailing Address:

1948 OSCEOLA PKWY
KISSIMMEE, FL 34743

New Mailing Address:

2509 PRAIRIE VIEW DRIVE
WINTER GARDEN, FL 34787

FEI Number: 65-0505142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSS, LORRAINE S
1318 IVY MEADOW DRIVE
ORLANDO, FL 32824 US

Name and Address of New Registered Agent:

MOSS, LORRAINE S
2509 PRAIRIE VIEW DRIVE
WINTER GARDEN, FL 34787 US

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: LORRAINE MOSS

12/13/2004

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOSS, LORRAINE S
Address: 3016 STILLWATER DR.
City-St-Zip: KISSIMMEE, FL 34743

Title: VP () Delete
Name: PORST, ELAINE
Address: 4557 REAVES RD
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOSS, LORRAINE S
Address: 2509 PRAIRIE VIEW DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: LORRAINE MOSS

PR

12/13/2004

Electronic Signature of Signing Officer or Director

Date