2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 09, 2004 8:00 am Secretary of State **DOCUMENT # 378760** 1. Entity Name 04-09-2004 90034 039 \*\*\*150.00 VACATIONER SHOPPE, INC. Principal Place of Business Mailing Address: 4526 N LAKEWOOD DRIVE 4526 N LAKEWOOD DRIVE PARKER FL 32404 US PARKER FL 32404 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1349881 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELL, SUSAN L. Street Address (P.O. Box Number is Not Acceptable) 4526 N LAKEWOOD DRIVE PARKER FL 32404 City 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: Begistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Change ☐ Addition BELL, KENNETH E. NAME NAME STREET ADDRESS 4526 N LAKEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP PARKER FL 32404 CITY-ST-ZIP **PST** TITLE ☐ Delete TITLE ☐ Change Addition NAME BELL, SUSAN L. NAME STREET ADDRESS 4526 N LAKEWOOD DRIVE STREET ADDRESS CITY-ST-ZIP PARKER FL 32404 CITY-ST-ZIP TITLE D ☐ Delete TITLE Change ■ Addition NĀMĒ BELL, SUSANT STREET ADDRESS 4526 N LAKEWOOD DRIVE STREET ADDRESS CITY-ST-ZIE PARKER FL 32404 CITY-ST-ZIP Delete TITLE TITLE obert Conner II Addition LAWRENCE, MILDRED NAME NAME 526 M. Lakewood Dr 4526 N LAKEWOOD DRIVE STREET ADDRESS STREET ADDRESS PARKER FL 32404 CITY-ST-ZIP CITY-ST-ZIP arker Delete TITI F TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 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.

**FILED**