

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90725 047 \*\*\*158.75

**DOCUMENT # 548859**

1. Entity Name

LEISURE TIME FANCY VANS OF ORLANDO, INC.



Principal Place of Business

14100 W COLONIAL DRIVE  
WINTER GARDEN FL 34787

Mailing Address

14100 W COLONIAL DRIVE  
WINTER GARDEN FL 34787

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1769535

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

VAN WINKLE, PHILIP J.  
14100 W COLONIAL DRIVE  
WINTER GARDEN FL 34787

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

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME VAN WINKLE, PHILIP J.  
STREET ADDRESS 1619 LAKE LORINE DR.  
CITY-ST-ZIP ORLANDO FL

TITLE S ☐ Delete  
NAME PRENTISS, KENNETH  
STREET ADDRESS 2739 JAFFERY  
CITY-ST-ZIP ORLANDO FL

TITLE V ☐ Delete  
NAME PRENTISS, KENNETH J.  
STREET ADDRESS 2739 JAFFERY  
CITY-ST-ZIP ORLANDO FL

TITLE T ☐ Delete  
NAME ANDREWS, SHERRI V. W.  
STREET ADDRESS 6260 MORNING MIST LN.  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2828 Falcon Ridge  
CITY-ST-ZIP Clermont, FL 34711

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2828 Falcon Ridge  
CITY-ST-ZIP Clermont, FL 34711

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2816 Highland View Cir  
CITY-ST-ZIP Clermont, FL 34711

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRI V. W. ANDREWS

Date

4/13/04

Daytime Phone #