

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001618

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: SURREY VACATION RESORTS, INC.

## Current Principal Place of Business:

430-C STATE HWY 165 SOUTH  
BRANSON, MO 65616

## New Principal Place of Business:

## Current Mailing Address:

430-C STATE HWY 165 SOUTH  
BRANSON, MO 65616

## New Mailing Address:

FEI Number: 43-1642330      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ( ) Delete  
Name: PERME, C J  
Address: 271 LENNART LN  
City-St-Zip: BRANSON, MO 65616

Title: S ( ) Delete  
Name: POYNOR, GRANT Q  
Address: 1302 STONEY CRACK  
City-St-Zip: REEDS SPRING, MO 65737

Title: VP ( ) Delete  
Name: HAHN, CINDY  
Address: 5214 SHADOW RIDGE LANE  
City-St-Zip: HARRISON, AR 72601

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PERME, C J  
Address: 430-C STATE HWY 165 SOUTH  
City-St-Zip: BRANSON, MO 65616

Title: S (X) Change ( ) Addition  
Name: HALTOM, LORI D  
Address: 430-C STATE HWY 165 SOUTH  
City-St-Zip: BRANSON, MO 65616

Title: VP (X) Change ( ) Addition  
Name: HAHN, CINDY D  
Address: 430-C STATE HWY 165 SOUTH  
City-St-Zip: BRANSON, MO 65616

Title: T ( ) Change (X) Addition  
Name: GOODWIN, MELINDA M  
Address: 430-C STATE HWY 165 SOUTH  
City-St-Zip: BRANSON, MO 65616

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: C J PERME

Electronic Signature of Signing Officer or Director

P

02/13/2009

\_\_\_\_\_ Date