

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000340

Entity Name: NATIVE VACATIONS, INC.

FILED
Jan 31, 2005
Secretary of State

Current Principal Place of Business:

11824 W. BAYSHORE DR.
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

425 B N. CITRUS AVE
CRYSTAL RIVER, FL 34428

Current Mailing Address:

P.O. BOX 1225
CRYSTAL RIVER, FL 34423

New Mailing Address:

425 B N. CITRUS AVE
CRYSTAL RIVER, FL 34428

FEI Number: 38-3562607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOOD, TRACI
11824 W. BAYSHORE DR.
CRYSTAL RIVER, FL 34429 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: SOUHEAVER, DAN
Address: 5580 W. YEARLING DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: V () Delete
Name: MARSH, DIANA
Address: 5580 W. YEARLING DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S () Delete
Name: WOOD, TRACI
Address: 11824 W. BAYSHORE DR.
City-St-Zip: CRYSTAL RIVER, FL 34429

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SOUHEAVER, DAN
Address: 5580 W. YEARLING DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S (X) Change () Addition
Name: MARSH, DIANA
Address: 5580 W. YEARLING DR.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VP (X) Change () Addition
Name: WOOD, TRACI
Address: 11824 W. BAYSHORE DR.
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: P () Change (X) Addition
Name: FAULKENBERG, SCOTT
Address: 5019 W. DISNEY LANE
City-St-Zip: DUNNELLEN, FL 34433

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: TRACI WOOD

VP

01/31/2005

Electronic Signature of Signing Officer or Director

Date