

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90042 037 \*\*\*150.00

<b>DOCUMENT # F04000000340</b> 1. Entity Name NATIVE VACATIONS, INC.					
Principal Place of Business 425 B N. CITRUS AVE CRYSTAL RIVER, FL 34428			Mailing Address 425 B N. CITRUS AVE CRYSTAL RIVER, FL 34428		
2. Principal Place of Business 11844 W. Bayshore Dr.		3. Mailing Address P.O. Box 1225			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Crystal River, FL		City & State Crystal River, FL		4. FEI Number 38-3562607	
Zip 34429		Country USA		Applied For Not Applicable	
Zip 34423		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  WOOD, TRACI 11824 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u>Traci Wood</u> <u>TRACI WOOD Vice President</u> <u>1-24-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOUHEAVER, DAN 5580 W. YEARLING DR. BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSH, DIANA 5580 W. YEARLING DR. BEVERLY HILLS, FL 34465	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOD, TRACI 11824 W. BAYSHORE DR. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAULKENBERG, SCOTT 5019 W. DISNEY LANE DUNNELLEN, FL 34433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Traci Wood</u> <u>TRACI WOOD</u>			Date: <u>1-24-06</u> Daytime Phone #: <u>352-302-5052</u>		