

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

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

DOCUMENT # F04000000340			
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	
Zip 34429		Country USA	
Zip 34423		Country USA	
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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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: <u>Traci Wood</u>		TRACI WOOD Vice President	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE: <u>1-24-06</u>		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUHEAVER, DAN	NAME	
STREET ADDRESS	5580 W. YEARLING DR.	STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, DIANA	NAME	
STREET ADDRESS	5580 W. YEARLING DR.	STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS, FL 34465	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, TRACI	NAME	
STREET ADDRESS	11824 W. BAYSHORE DR.	STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKENBERG, SCOTT	NAME	
STREET ADDRESS	5019 W. DISNEY LANE	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLEN, FL 34433	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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>		TRACI WOOD	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		1-24-06	
		352-302-5052	
		Daytime Phone #	