

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000340

Entity Name: NATIVE VACATIONS, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

11844 W BAYSHORE DR
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

547 FORT ISLAND TRAIL
CRYSTAL RIVER, FL 34429

Current Mailing Address:

POB 1225
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 38-3562607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, TRACI
11844 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: T () Delete
Name: WOOD, TRACI
Address: 11844 W BAYSHORE DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: S () Delete
Name: WOOD, TRACI
Address: 11844 W BAYSHORE DR
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: P () Delete
Name: WOOD, TRACI
Address: 11844 W. BAYSHORE DR.
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TRACI WOOD

P

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date