2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000004984

1. Entity Name
PERENNIAL VACATION CLUB, INC.

Principal Place of Business	Mailing Address
1625 HWY 88 SUITE 203 MINDEN, NV 89423 US	1625 HWY 88 SUITE 203 MINDEN, NV 89423 US

04022004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
88-0172734
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, KENNETH W
5925 IMPERIAL PARKWAY #110
(POBOX: 5258/LAKELAND,FL/33807
MULBERRY, FL 33860

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000010934?
04/12/04-00038-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	WAYNE, LAURENCE H JUDGE
STREET ADDRESS	1625 HWY 88, SUITE 203
CITY-ST-ZIP	MINDEN, NV 89423
TITLE	WCD
NAME	CHILDERS, MICHAEL DR.
STREET ADDRESS	1625 HWY 88, STE 203
CITY-ST-ZIP	MINDEN, NV 89423
TITLE	DS
NAME	DRISCOLL, VICTOR A JR
STREET ADDRESS	1625 HWY 88, STE 203
CITY-ST-ZIP	MINDEN, NV 89423
TITLE	TD
NAME	HUELLEN, JUERGEN
STREET ADDRESS	1625 HWY 88, STE 203
CITY-ST-ZIP	MINDEN, NV 89423
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, 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: Laurence H. Wayne Laurence H. Wayne 4/02/04 775-782-9100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #