


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # H15022		
1. Entity Name PARK SHORE VACATION SERVICES, INC.		
Principal Place of Business 2284 HERITAGE GREENS DR NAPLES, FL 34119 US	Mailing Address 2284 HERITAGE GREENS DR NAPLES, FL 34119 US	
DO NOT WRITE IN THIS SPACE		



01272004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2443442	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEAMON, RALPH A.
2284 HERITAGE GREENS DR.
NAPLES, FL 34119

**DO NOT WRITE
IN THIS SPACE**

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)

FILE NOW!!! FEE (\$ \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LEAMON, RALPH A. 2284 HERITAGE GREENS DR NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS LEAMON, NANCY 2284 HERITAGE GREENS DR NAPLES, FL 34119
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02/12/04-80011-025 158.75

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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)(f), 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 life empowered.

SIGNATURE: Ralph A. Leamon President 1-27-04 239 596-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #