


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H15022</b> 1. Entity Name <b>PARK SHORE VACATION SERVICES, INC.</b>	
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Principal Place of Business <b>14759 INDIGO LAKES CIRCLE NAPLES, FL 34119 US</b>	Mailing Address <b>14759 INDIGO LAKES CIRCLE NAPLES, FL 34119 US</b>
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**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

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

**6. Name and Address of Current Registered Agent**

**LEAMON, RALPH A.  
14759 INDIGO LAKES CIRCLE  
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)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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	1100000179173 01/13/05-800007-017 158 75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LEAMON, RALPH A. 14759 INDIGO LAKES CIRCLE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS LEAMON, NANCY 14759 INDIGO LAKES CIRCLE NAPLES, FL 34119
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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 like empowered.

**SIGNATURE:** Ralph A. Leamon **1-11-05** **239-530-4200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*RALPH A. LEAMON*