

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H15022

FILED  
Mar 15, 2012  
Secretary of State

**Entity Name:** PARK SHORE VACATION SERVICES, INC.

**Current Principal Place of Business:**

14759 INDIGO LAKES CIRCLE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

14759 INDIGO LAKES CIRCLE  
NAPLES, FL 34119 US

**New Mailing Address:**

FEI Number: 59-2443442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEAMON, RALPH A.  
14759 INDIGO LAKES CIRCLE  
NAPLES, FL 34119 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

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: LEAMON, RALPH A.  
Address: 14759 INDIGO LAKES CIRCLE  
City-St-Zip: NAPLES, FL 34119

Title: VPS  
Name: LEAMON, NANCY  
Address: 14759 INDIGO LAKES CIRCLE  
City-St-Zip: NAPLES, FL 34119

I hereby 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 all other like empowered.

SIGNATURE: RALPH A. LEAMON

PRES

03/15/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date