

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 08:00 A
Secretary of State

DOCUMENT # K16505

1. Entity Name
VACATION STATION, INC.



Principal Place of Business
100 EST GRANADA BLVD
ORMOND BEACH, FL 32176 US

Mailing Address
100 EST GRANADA BLVD
ORMOND BEACH, FL 32176 US



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2883723

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VAUGHAN, KATHRYN ESQ
REINMAN, MATHESON, KOSTRO & VAUGHAN, P.A.
110 EAAST GRANADA BLVD SUITE 104
ORMOND BEACH, FL 32176

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

U00000407615
02/08/06-80028-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSV SCHLOSSBERG, STEVE 1601 N HALIFAX AVE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANDEL, MARTIN M 100 EAST GRANADA BLVD ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLTELLI, LARRY 347 N BEACH ST ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: STEVE SCHLOSSBERG 1-31-06 386-237-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #