

**2005 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**


APPROVED  
AND  
FILED

1/2

05 DEC -8 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # K26995**  
1. Entity Name  
VACATION RESORT RESALES, INC.



Principal Place of Business: 8505 W. IRLO BRONSON MEM. HWY, KISSIMMEE, FL 34747-8201 US  
Mailing Address: 8505 W. IRLO BRONSON MEM. HWY, KISSIMMEE, FL 34747-8201 US

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country



09262005 Chg-P CR2E034 (10/03)

4. FEI Number: 62-1357128  
Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
LOWER, BRIAN T  
8505 WEST IRLO BRONSON MEMORIAL HWY.  
KISSIMMEE, FL 34747

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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: \_\_\_\_\_

Amended AR is \$61.25  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: DC NAME: WILSON, SPENCE STREET ADDRESS: 8700 TRAIL LAKE DR. WEST, STE 300 CITY-ST-ZIP: MEMPHIS, TN 38125	<input type="checkbox"/> Delete
TITLE: PCEO NAME: SWAN, CHARLES K III STREET ADDRESS: 8505 W. IRLO BRONSON MEM. HWY CITY-ST-ZIP: KISSIMMEE, FL 347478201	<input checked="" type="checkbox"/> Delete
TITLE: DVP NAME: WILSON, ROBERT A STREET ADDRESS: 8700 TRAIL LAKE DR. WEST, STE 300 CITY-ST-ZIP: MEMPHIS, TN 38125	<input type="checkbox"/> Delete
TITLE: DVP NAME: WILSON, C. KEMMONS JR STREET ADDRESS: 8700 TRAIL LAKE DR. WEST, STE 300 CITY-ST-ZIP: MEMPHIS, TN 38125	<input type="checkbox"/> Delete
TITLE: D NAME: WILSON-MOORE, BETTY STREET ADDRESS: 8700 TRAIL LAKE DR. WEST, STE 300 CITY-ST-ZIP: MEMPHIS, TN 38125	<input type="checkbox"/> Delete
TITLE: VPT NAME: BATT, WILLIAM R STREET ADDRESS: 8700 TRAIL LAKE DR. WEST, STE 300 CITY-ST-ZIP: MEMPHIS, TN 38125	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P/CEO NAME: Don L. Harrill STREET ADDRESS: 8505 W Irlo Bronson Hwy CITY-ST-ZIP: Kissimmee, FL 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Brian T. Lower Sr. V.P. Date: 9/26/05 Daytime Phone #: 407.239.0000

**K. Eckel DEC 09 2005**

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**VACATION RESORT REALES, INC.**  
**(FEI # 62-1357128)**

**8700 Trail Lake Dr. West, Suite 300**  
**Memphis, TN 38125**

Spence Wilson	D/C
Robert A. Wilson	D/VP
C. Kemmons Wilson, Jr.	D/VP
Betty Wilson Moore	D
Carole Wilson West	D
William R. Batt	VP/T
Chip Crenshaw	Asst. S/Asst. T
Amy Jarreau	Asst.S
Gary McClain	S

**8505 West Irlo Bronson Memorial Highway**  
**Kissimmee, FL 34747**

Don L. Harrill	P/CEO
Brain T. Lower	Sr. VP/Asst. S
Thomas R. Nelson	Sr. VP/CFO
Robert L. Shaw	VP
Catherine Duncan	Asst. VP

D=Director, C=Chairman, P=President, CEO=Chief Executive Officer, CFO=Chief Financial Officer, Sr. VP=Senior Vice President, VP=Vice President, S=Secretary, T=Treasurer, Asst.=Assistant