## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

## DOCUMENT #L12309



## FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90036 032 \*\*\*150.00

1. Entity Nam VACATIO	)N PARAD	DISE, INC.					04-07-2008 3	90030 03	2 ***130.	.00	
Principal Place of Business  % DENISE GRIMM 13114 SKIING PARADISE BLVD. CLERMONT, FL 34711			<del>-</del> ,		1 (2000) 001	H218 H288 H10 88 H	ri ærðin áræin áræi	A ŘÍDÁL BÍŘA BIR	## <b>##</b> ################################		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152008	Chg-P	CR2E0	34 (12/06)				
City & State		City & State			4. FEI Numbe 59-2970				plied For ot Applicable		
Zip	Zip Country		Zip Count		ntry	5. Certificate	of Status Desired		\$8.75 Add Fee,Require	fitlónal d	
6. Name and Address of Current Regi			nt Registered Agent				7Name and Address of New Registered Agent				
CDIMM D	ENICE				Name						
GRIMM, DENISE 13114 SKIING PARADISE BLVD. CLERMONT, FL 34711						Street Address (P.O. Box Number is Not Acceptable)					
OLEKWONI, FE 04771				City				FL	Zip Code	e .	
The above named entity submits this statement for the purpose of changing its register.					-						
the obligat	tions of registe	red agent.	for the purpose of changing	g its registe	rea office or regis	istered agent, or both	n, in the State of Fig	orida. Tam i	amiliar with,	and accept	
SIGNATURE	Signature, typed or	r printed name of registered age	ent and title if applicable.	(NOTE: Register	ed Agent signature requ	quired when reinstating)		DATE			
FIL	E NOW!!! 1	r printed name of registered age	9. Election Ca	npaign Fina	ancing	\$5.00 May Be Added to Fees		DATE			
FIL	E NOW!!! i ay 1, 2008	FEE IS \$150.00 Fee will be \$550	9. Election Ca	npaign Fina	ancing \$	\$5.00 May Be Added to Fees	CHANGES TO OFF		DIRECTORS	S IN 11	
After Ma	E NOW!!! I	FEE IS \$150.00 Fee will be \$550 OFFICERS AN	9. Election Ca Trust Fund	mpaign Fina Contribution	ancing \$	\$5.00 May Be Added to Fees	CHANGES TO OFF		DIRECTORS	S IN 11	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR