

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82436

FILED  
Apr 14, 2010  
Secretary of State

Entity Name: FLORIDA VACATIONS, INC.

**Current Principal Place of Business:**

1099 N MCMULLEN BOOTH RD  
APT 304  
CLEARWATER, FL 33759 US

**New Principal Place of Business:**

**Current Mailing Address:**

1099 N MCMULLEN BOOTH RD  
APT 304  
CLEARWATER, FL 33759 US

**New Mailing Address:**

FEI Number: 59-3017730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEWIS, SHIRLEY P  
1099 N MCMULLEN BOOTH RD  
APT 304  
CLEARWATER, FL 33759 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WIMMS, NAN E  
Address: 1099 N MCMULLEN BOOTH RD., APT. 304  
City-St-Zip: CLEARWATER, FL 33759

Title: D  
Name: LEWIS, SHIRLEY P  
Address: 1099 N MCMULLEN BOOTH RD., APT 304  
City-St-Zip: CLEARWATER, FL 33759

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: SHIRLEY P LEWIS

D

04/14/2010

Electronic Signature of Signing Officer or Director

Date