

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90005 037 ***150.00

DOCUMENT # L82447

1. Entity Name

FLORIDA VACATIONS INVESTMENTS, INC.



Principal Place of Business

C/O SHIRLEY P. LEWIS
1200 NORTH SHORE DRIVE NE, #210
ST. PETERSBURG FL 33701

Mailing Address

1200 NORTH SHORE DR. NE
#210
ST. PETERSBURG FL 33701



2. Principal Place of Business

1099 N. McMULLEN BOOTH RD.

3. Mailing Address

1099 N. Mc MULLEN BOOTH RD.

Suite, Apt. #, etc.

APT. 304

Suite, Apt. #, etc.

APT. 304

1st MOORE

CR2E034 (10/04)

City & State

CLEARWATER, FLORIDA

City & State

CLEARWATER, FLORIDA

4. FEI Number

59-3017757

Applied For

Not Applicable

Zip

33759

Country

USA

Zip

33759

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEWIS, SHIRLEY
1200 NORTH SHORE DRIVE NE
SUITE 210
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name **SHIRLEY P. LEWIS**

Street Address (P.O. Box Number is Not Acceptable)

1099 N. Mc MULLEN BOOTH RD.

APT. 304

City **CLEARWATER**

FL

Zip Code

33759

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

Shirley P. Lewis

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WIMMS, NAN E**
STREET ADDRESS **1200 NORTH SHORE DRIVE NE, #210**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE **D** ☐ Delete
NAME **LEWIS, SHIRLEY**
STREET ADDRESS **1200 NORTH SHORE DRIVE NE, #210**
CITY-ST-ZIP **ST PETERSBURG FL 33701**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1099 N. Mc MULLEN BOOTH RD #304**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1099 N. Mc MULLEN BOOTH RD #304**
CITY-ST-ZIP **CLEARWATER, FL 33759**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SHIRLEY P. LEWIS Shirley P. Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/05 727-796-5254