

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L82447

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: FLORIDA VACATIONS INVESTMENTS, 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: 59-3017757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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: SHIRLEY P LEWIS

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

Title: D ( ) Delete  
Name: LEWIS, SHIRLEY  
Address: 1099 N MCMULLEN BOOTH RD #304  
City-St-Zip: CLEARWATER, FL 33759

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition  
Name: LEWIS, SHIRLEY P  
Address: 1099 N MCMULLEN BOOTH RD #304  
City-St-Zip: CLEARWATER, FL 33759

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SHIRLEY P LEWIS

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

Date