2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State
01-23-2004 90026 050 ***150.00



1. Entity Name SOUTHERN VACATIONS, INC.								01-23-200	14 90026	050 ****15	0.00
Principal Place 2111 EAST H SUITE 210 PHOENIX, AZ	HIGHLAND AVE		Mailing Address 2111 EAST HIGHLAND AVE SUITE 210 PHOENIX, AZ 85016 US				5400280				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01192004	Chg-P	CR2E	034 (10/03)	
City & State			City & State				4. FEI Number 86-057				olied For Applicable
Zip	C	ountry	Zip	itry	5. Certificate of Status Desired S8.75 Additional Fee Required						
• • •	6. Name and	Address of Current 6	Registered Agent		7. Name and Address of New Registered Agent						
CT CORPORATION SYSTEM					Name Street Address (P.O. Box Number is Not Acceptable)						
1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324					Sileel Addit	ess (F.	O. DOX NUMB	er is Not Acceptat	<u>.</u>		
			÷		City				FI	Zip Code	•
	named entity sub		the purpose of changing	g its register	l ed office or reg	gistere	d agent, or bo	th, in the State of F		in familiar with,	and accept
SIGNATURE_											
	Signature, typed or prir	nted name of registered agent a			ed Agent signature re	equited w	men reinstating)		DATE		
		E IS \$150.00 ee will be \$550.0	9. Election Car Trust Fund (\$5.0 Adde	00 May Be d to Fees				
10.		OFFICERS AND I	DIRECTORS	11.			ADDITIONS.	CHANGES TO OF	FICERS AN	D DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT STONE, NAN 2111 E. HIGH PHOENIX, AZ	LAND AVENUE, SU	☐ Delete		l.					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP MARTORI, JC 2111 E. HIGH PHOENIX, AZ	LAND AVENUE, SU	☐ Delete		I					☐ Change	Addition
TITLE NAME	S CASTRONOV	/A, STEPHANIE	K.X Delete	TITL	1	S Dob	son. Do	rinne R.		Change	X Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS	211	11 E. Highland Avenue, Suite 210 poenix, AZ 85016				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		.E					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defete						_	☐ Change	☐ Addition
TITLE - NAME STREET ADORESS CITY-ST-ZIP			☐ Delete		i		1.	•		☐ Change	Addition
12. I hereby	certify that the inf	ormation supplied with	this filing does not quali	ify for the ex-	emption stated	in Sec	tion 119.07(3))(i), Florida Statute:	s. I further c	ertify that the in	nformation

indicated on this report or suppremental 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.