


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90404 049 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # M38599 1. Entity Name SOUTHERN VACATIONS, INC. | | | |  | |
| Principal Place of Business 2111 EAST HIGHLAND AVE SUITE 210 PHOENIX, AZ 85016 US | | | Mailing Address 2111 EAST HIGHLAND AVE SUITE 210 PHOENIX, AZ 85016 US | | |
| 2. Principal Place of Business 2111 E. Highland Ave. Suite, Apt. #, etc. Suite 200 City & State Phoenix, AZ Zip 85016 Country USA | | 3. Mailing Address 2111 E. Highland Ave. Suite, Apt. #, etc. Suite 200 City & State Phoenix, AZ Zip 85016 Country USA | | | |
| 4. FEI Number 86-0578044 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 04102006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 N. DUVAL STREET TALLAHASSEE, FL 32303 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPT STONE, NANCY J. 2111 E. HIGHLAND AVENUE, SUITE 210 PHOENIX, AZ 85016 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2111 E. Highland Ave., Suite 200 Phoenix, AZ 85016 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S EARDLEY, MARGARET 2111 E. HIGHLAND AVENUE, SUITE 210 PHOENIX, AZ 85016 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2111 E. Highland Ave., Suite 200 Phoenix, AZ 85016 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DOBSON, DORINNE R 2111 E. HIGHLAND AVENUE, SUITE 210 PHOENIX, AZ 85016 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS BOYD, ALLISON M.E. 2111 E. HIGHLAND AVENUE SUITE 210 PHOENIX, AZ 85016 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Nancy J. Stone</u> 4/12/06 (602) 957-2777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Nancy J. Stone, Vice President & Treasurer <div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div> | | | | | |