

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000025738**

1. Entity Name  
VACATION ISLAND, INC.



Principal Place of Business  
951 NORTH LAKE SYBELIA DRIVE  
MAITLAND, FL 32751

Mailing Address  
POST OFFICE DRAWER 7540  
MAITLAND, FL 32794-7540



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0991167

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

TATICH, PHILIP  
341 NORTH MAITLAND AVE., STE. 340  
MAITLAND, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME OYLER, THOMAS L  
STREET ADDRESS 951 NORTH LAKE SYBELIA DRIVE  
CITY - ST - ZIP MAITLAND, FL 32751

TITLE DST  
NAME DARMOC, DENNIS  
STREET ADDRESS 1950 LEGION DRIVE  
CITY - ST - ZIP WINTER PARK, FL 32789

TITLE D  
NAME OYLER, LYDIA  
STREET ADDRESS 951 NORTH LAKE SYBELIA DRIVE  
CITY - ST - ZIP MAITLAND, FL 32751

TITLE D  
NAME DARMOC, SHERRY  
STREET ADDRESS 1950 LEGION DRIVE  
CITY - ST - ZIP WINTER PARK, FL 32789

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

1000000148623  
05/03/04-80155-006 150.00

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas L. Oyler

4/29/04

Date

(407) 808-9313

Daytime Phone #