

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90050 021 ***150.00

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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**

20021829



2. Principal Place of Business

3. Mailing Address
951 N. Lake Sybelia Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State

City & State
Maitland, Florida

4. FEI Number
65-0991167

Applied For
Not Applicable

Zip

Country

Zip

Country

32751

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Thomas L. Oyler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/02/05 407-644-8490
Date Daytime Phone #