

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000025738

Entity Name: VACATION ISLAND, INC.

FILED
Jan 09, 2008
Secretary of State

Current Principal Place of Business:

4758 CAINS WREN TRAIL
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

4758 CAINS WREN TRAIL
SANFORD, FL 32771

New Mailing Address:

FEI Number: 65-0991167

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHWW, INC.
390 NORTH ORANGE AVENUE
15TH FLOOR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OYLER, THOMAS L
Address: 951 NORTH LAKE SYBELIA DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: DST () Delete
Name: DARMOC, DENNIS
Address: 1950 LEGION DRIVE
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: OYLER, LYDIA
Address: 951 NORTH LAKE SYBELIA DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: D () Delete
Name: DARMOC, SHERRY
Address: 1950 LEGION DRIVE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS L. OYLER

DP

01/09/2008

Electronic Signature of Signing Officer or Director

Date