

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028076

Entity Name: RESORT VEHICLES INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

917 N FLAGLER DR  
STE 210  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

## Current Mailing Address:

917 N FLAGLER DR  
STE 210  
WEST PALM BEACH, FL 33401

## New Mailing Address:

FEI Number: 65-1065846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARKES, EVELYNE CPA  
420 CLEMATIS STREET, 2ND FLOOR  
WEST PALM BEACH, FL 33401 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: PST ( ) Delete  
Name: POLLITZER, ERIKA  
Address: 917 N. FLAGLER DRIVE, STE # 210  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP ( ) Delete  
Name: BAMDAS, STEPHEN P  
Address: 3671 N. DIXIE HWY  
City-St-Zip: POMPANO BEACH, FL 33064

Title: D ( ) Delete  
Name: STONESTROM, ERIC  
Address: 137 KINGS ROAD  
City-St-Zip: PALM BEACH, FL 33480

Title: D ( ) Delete  
Name: PALMER, WALTER E  
Address: 2854 SE FAIRWAY WEST  
City-St-Zip: STUART, FL 34997

Title: D ( ) Delete  
Name: WAGNER, HELGA  
Address: 1400 ALABAMA AVENUE, STE #10  
City-St-Zip: WEST PALM BBEACH, FL 33401

## 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:

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: ERIKA POLLITZER

PST

04/17/2009

Electronic Signature of Signing Officer or Director

Date