## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000038788

Entity Name: WATERCOLOR VACATION RENTALS, INC.

FILED Apr 22, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
245 RIVERSIDE AVENUE, SUITE 500 JACKSONVILLE, FL 32202 US						
Current Mailing Address:			New Maili	New Mailing Address:		
245 RIVERSIDE AVENUE, SUITE 500 ATTN. LEGAL DEPT. JACKSONVILLE, FL 32202 US						
FEI Number:	59-3641244 F	El Number Applied For ( ) FEI	Number Not Appl	icable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
MARX, CHRISTINE M 245 RIVERSIDE AVENUE, SUITE 500 JACKSONVILLE, FL 32202 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP ( ) De GREENE, WM. BRI 245 RIVERSIDE AN JACKSONVILLE, F	TT /E SUITE 500	Title: Name: Address: City-St-Zip:	GREENE, WM.	AVE SUITE 500	
Title: Name: Address: City-St-Zip:	DVT () De REGAN, MICHAEL 245 RIVERSIDE AN JACKSONVILLE, F	N 'ENUE, SUITE 500	Title: Name: Address: City-St-Zip:	REGAN, MICHA	AVENUE, SUITE 500	
Title: Name: Address: City-St-Zip:	VS () De MARX, CHRISTINE 245 RIVERSIDE AV JACKSONVILLE, F	M /ENUE, SUITE 500	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VBK () De DODSON, THOMAS 1701 EAST COUNT SEAGROVE BEACH	S M JR Y HWY 30A SUITE 101	Title: Name: Address: City-St-Zip:	DODSON, THOM 1701 EAST COL	Change () Addition MAS M JR JNTY HWY 30A SUITE 101 ACH, FL 32459 US	
Title: Name: Address: City-St-Zip:	AS () De WHITLATCH, SUSA 245 RIVERSIDE AV JACKSONVILLE, F	N G /ENUE, SUITE 500	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VAT () De LASSMAN, MARK I 7900 GLADES ROA BOCA RATON, FL	O AD SUITE 200	Title: Name: Address: City-St-Zip:	LASSMAN, MAR	ROAD SUITE 200	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SUSAN G. WHITLATCH AS 04/22/2005