

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044991

FILED
Apr 27, 2009
Secretary of State

Entity Name: FLORIDA LEISURE VACATIONS INC.

Current Principal Place of Business:

4620 CUMBRIAN LAKES DRIVE
KISSIMMEE, FL 34746

New Principal Place of Business:

4924 W.IRLO BRONSON MEM.HWY
KISSIMMEE, FL 34746

Current Mailing Address:

4620 CUMBRIAN LAKES DRIVE
KISSIMMEE, FL 34746

New Mailing Address:

4924 W.IRLO BRONSON MEM.HWY
KISSIMMEE, FL 34746

FEI Number: 59-3654873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORRALL, MARION
4620 CUMBRIAN LAKES DRIVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

WORRALL, MARION
4924 W.IRLO BRONSON MEM.HWY
KISSIMMEE, FL 34746 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: _____

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WORRALL, NIGEL
Address: 4620 CUMBRIAN LAKES DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: VSD () Delete
Name: WORRALL, MARION
Address: 4620 CUMBRIAN LAKES DRIVE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WORRALL, NIGEL
Address: 4924 W.IRLO BRONSON MEM.HWY
City-St-Zip: KISSIMMEE, FL 34746

Title: VSD (X) Change () Addition
Name: WORRALL, MARION
Address: 4924 W.IRLO BRONSON MEM.HWY
City-St-Zip: KISSIMMEE, FL 34746

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: MARION WORRALL

VSD

04/27/2009

Electronic Signature of Signing Officer or Director

Date