2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUN	MENT # P000000696			Sec	retary	oi State		
1. Entity Name	RESERVATIONS, INC.							
LONDA	RESERVATIONS, INS.		Spent					
Principal Place of Business Mailing Address								
655 WEST FULTON STREET P.O. BOX 941990 Sanford, Fl 32771 US Maitland, Fl 32794 US								
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				04302004	No Chg-P	CR2E034 (1	0/03)	
D.	O NOT WRITE	CE	4. FEI Numbe			Applied For		
			59-365	7837	ea -	Not Applicable		
		·		5. Certificate	of Status Desired		75 Additional Required	
	6. Name and Address of Current Re	.,						
GIZA, JAS			DO	NOT WI	RITE			
1016 PROVIDENCE LANE OVIEDO, FL 32765				*********				
0,1230,1	_ 02,00			IN.	THIS SP	ACE		
							S. A. A. A. A. A. A. A. M.	
	named entity submits this statement for tions of registered agent.	he purpose of changing its registe	red office or registe	red agent, or bo	th, in the State of Flor	ida. I am famili	ar with, and accept	
	To a constant again.		20			4.30 0	· ·	
SIGNATURE_	Signature, typed or printed name of registered agent and	trie f applicable (NOTE Register	ed Agent an atture require	d when reinstating)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Frust Fund Contribution. \$5.00 May 8e Added to Fees			000000156569 05/05/04-80082-013 150.00			
10.	OFFICERS AND D	RECTORS			lan ili i i i i			
TITLE	CEO GIZA, JASON							
NAME STREET ADDRESS	1016 PROVIDENCE LANE			A. L.				
CITY-ST-ZIP	OVIEDO, FL 32765			;:			, ., i-i i	
TITLE NAME								
STREET ADDRESS								
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STREET ADDRESS CITY+ST-ZIP				. :				
TITLE		·		and the same		1 * * * *		
NAME.								

12. I hereby certify that the information supplied with this filing coes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 (407)619-2900