


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90085 032 ***158.75

DOCUMENT # P00000069689	
1. Entity Name FLORIDA RESERVATIONS, INC.	

Principal Place of Business 655 WEST FULTON STREET SANFORD FL 32771 US	Mailing Address P.O. BOX 941990 MAITLAND FL 32794 US
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2. Principal Place of Business 1016 Providence Ln.	3. Mailing Address P.O. Box 941990
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Oviedo, FL	City & State Maitland, FL
Zip 32765	Zip 32794
Country U.S.A.	Country U.S.A.



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3657837		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GIZA, JASON 1016 PROVIDENCE LANE OVIEDO FL 32765		
7. Name and Address of New Registered Agent Name JG Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jason Giza DATE 2-14-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GIZA, JASON 1016 PROVIDENCE LANE OVIEDO FL 32765 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does 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: Jason Giza DATE 2-14-05 (407) 6192900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #