

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2004 8:00 am
Secretary of State

04-22-2004 90075 035 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # P00000079776 1. Entity Name IDENTITY VACATIONS, INC. | | | | | |
| Principal Place of Business 10041 PINE BLVD., D PEMBROKE PINES FL 33024 | | | | Mailing Address 10041 PINE BLVD., D PEMBROKE PINES FL 33024 | |
| 2. Principal Place of Business 1535 Jackson St | | 3. Mailing Address 1535 Jackson St. | | | |
| Suite, Apt. #, etc. Travel Gallery | | Suite, Apt. #, etc. Travel Gallery | | | |
| City & State Hollywood, FL | | City & State Hollywood, FL | | | |
| Zip 33020 | Country USA | Zip 33020 | Country USA | | |
| 6. Name and Address of Current Registered Agent MAY, TODD L 10041 PINE BLVD., D PEMBROKE PINES FL 33024 | | | 7. Name and Address of New Registered Agent Name Todd May Street Address (P.O. Box Number is Not Acceptable) 1535 Jackson St. Travel Gallery City Hollywood FL Zip Code 33020 | | |
| 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 <u><i>Todd L. May</i></u> <u><i>President</i></u> DATE <u><i>4/20/04</i></u> <small>Signatures: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD <input type="checkbox"/> Delete MAY, TODD L 10041 PINE BLVD., D PEMBROKE PINES FL 33024 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President May, Todd L 1535 Jackson St. Hollywood, FL, 33020 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u><i>Todd L. May</i></u> - Todd L. May <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u><i>5/3/04</i></u> Daytime Phone # <u><i>954-432-0800</i></u> | | |

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MOORE CR2E034 (11/03)

4. FEI Number **65-1035489** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required