


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90230 038 \*\*\*150.00

<b>DOCUMENT # P0000098542</b>			
1. Entity Name GRAND VACATION GETAWAYS, INC.			
Principal Place of Business 1186 NE CLEVELAND CLEARWATER, FL 33755		Mailing Address 2519 MCMULLEN BOOTH ROAD SUITE 510-180 CLEARWATER, FL 33761	
2. Principal Place of Business		3. Mailing Address 862 Cypress Lakes Blvd	
Suite, Apt. #, etc.		Suite, Apt. #/etc.	
City & State		City & State Tarpon Springs, FL	
Zip	Country	Zip	Country
34688	USA	34688	USA
6. Name and Address of Current Registered Agent HUMMELL, JOHN IV 1624 LAGO VISTA BOULEVARD PALM HARBOR, FL 34685		7. Name and Address of New Registered Agent Name: Hummell John IV Street Address (P.O. Box Number is Not Acceptable): 862 Cypress Lakes Blvd. City: Tarpon Springs FL Zip Code: 34688	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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	P HUMMELL, JOHN IV <input type="checkbox"/> Delete	TITLE	P Hummell John IV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMMELL, JOHN IV	NAME	Hummell John IV
STREET ADDRESS	1624 LAGO VISTA BLVD.	STREET ADDRESS	862 Cypress Lakes Blvd.
CITY-ST-ZIP	PALM HARBOR, FL 34685	CITY-ST-ZIP	Tarpon Springs, FL 34688
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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, and all other like empowered.			
SIGNATURE: _____		Date: 4/23/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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04202004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3677686 Applied For Not Applicable

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

Name: Hummell John IV  
 Street Address (P.O. Box Number is Not Acceptable): 862 Cypress Lakes Blvd.  
 City: Tarpon Springs FL Zip Code: 34688

*[Handwritten Signature]*