2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000032863

1. Entity Name
SANCAP VACATION RENTALS, INC.

Principal Place of Business	Mailing Address
1560 PERIWINKLE WAY SANIBEL, FL 33957	1633 PERIWINKLE WAY STE A SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

02102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1090803	Not Applicable

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

6. Name and Address of Current Registered Agent

MURTY, TIMOTHY J
1633 PERIWINKLE WAY STE A
SANIBEL, FL 33957

DO NOT WRITE IN THIS SPACE

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 _____

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOBE, RODNEY G
STREET ADDRESS	9446 YUCCA COURT
CITY-ST-ZIP	SANIBEL, FL 33957
TITLE	DST
NAME	MCMENAMY, KEITH B
STREET ADDRESS	1405 CARMELLE DRIVE
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Keith McMenamy_ DST 2/10/04 239-472-1613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #