

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90239 047 ***150.00

DOCUMENT # P01000054345					
1. Entity Name ALAMO VACATION HOMES OF CENTRAL FLORIDA, INC.					
Principal Place of Business 12701 SOUTH JOHN YOUNG PKWY 219 ORLANDO, FL 32837			Mailing Address 12701 SOUTH JOHN YOUNG PKWY 219 ORLANDO, FL 32837		
2. Principal Place of Business 12701 SOUTH JOHN YOUNG PKWY SUITE # 219			3. Mailing Address Suite, Apt. #, etc.		
City & State ORLANDO FL			City & State		
Zip 32837			Country U.S.A.		
4. FEI Number 59-3122356			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ARATO, FRANCESCO 12701 SOUTH JOHN YOUNG PKWY 219 ORLANDO, FL 32837			7. Name and Address of New Registered Agent Name 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARATO, FRANCESCO 1609 NESTLEWOOD TRAIL ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ARATO, JEANETTE 1609 NESTLEWOOD TRAIL ORLANDO, FL 32837	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARATO, JEANETTE 1609 NESTLEWOOD TRAIL ORLANDO, FL 32837	<input type="checkbox"/> Delete			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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					
Date Daytime Phone #					