

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000110659

1. Entity Name
VACATION LODGING, INC.



Principal Place of Business
2419 E COMMERCIAL BLVD STE 100
FORT LAUDERDALE, FL 33308

Mailing Address
2419 E COMMERCIAL BLVD STE 100
FORT LAUDERDALE, FL 33308



02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1153793

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLODIG, GREGORY J ESQ
100 W CYPRESS CREEK RD STE 700
FT LAUDERDALE, FL 33309

**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

U000000129278
04/26/04-30071-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VERRILLO, JAMES
STREET ADDRESS	2419 E COMMERCIAL BLVD STE 100
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	D
NAME	LAMBERT, DANIEL
STREET ADDRESS	2419 E COMMERCIAL BLVD STE 100
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	O
NAME	HEYDEN, CHRISTINA
STREET ADDRESS	2419 E. COMMERCIAL BLVD., #100
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Christina Heyden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

684-640-4449
Daytime Phone #