2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90006 017 ***150.00

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1. Entity Name
ELITE MANAGEMENT & VACATION HOMES, INC.

Principal Place of Business	Mailing Address
5260 WEST IRLO BRONSON HIGHWAY SUITE 116 KISSIMMEE, FL 34746	5260 WEST IRLO BRONSON HIGHWAY SUITE 116 KISSIMMEE, FL 34746

2. Principal Place of Business	3. Mailing Address
5503 W Irlo Bronson Hwy	5503 W. Irlo Bronson Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kiss Fl	City & State: Kiss Fl
Zip: 34746 Country: Osceola	Zip: 34746 Country: Osceola

01272004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3757746 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONWAY, SIMON L
5260 W IRLO BRONSON HWY
KISSIMMEE, FL 34746

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 Simon Conway 1/27/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONWAY, SIMON L 5260 W IRLO BRONSON HWY KISSIMMEE, FL 34746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CONWAY, FAY M 5260 W IRLO BRONSON HWY KISSIMMEE, FL 34746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 1/27/04 (407)397-9640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Simon Conway