

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90210 021 ***150.00

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04262005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000112127 1. Entity Name ELITE MANAGEMENT & VACATION HOMES, INC.					
Principal Place of Business 5503 WIRLO BRONSON HWY KISSIMMEE, FL 34746			Mailing Address 5503 WIRLO BRONSON HWY KISSIMMEE, FL 34746		
2. Principal Place of Business 5477 W. Irlo Bronson Hwy Suite, Apt. #, etc.		3. Mailing Address 5477 W. Irlo Bronson Hwy Suite, Apt. #, etc.			
City & State Kissimmee, FL Zip 34746		City & State Kissimmee, FL Zip 34746		4. FEI Number 59-3757746	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 Conway, Simon Street Address (P.O. Box Number is Not Acceptable) 5477 W. Irlo Bronson Hwy City Kissimmee	
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.				FL Zip Code 34746	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				PRESIDENT DATE 4/27/05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				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 NAME STREET ADDRESS CITY-ST-ZIP	PD CONWAY, SIMON L 5260 W IRLO BRONSON HWY KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5477 W. Irlo Bronson Hwy
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CONWAY, FAY M 5260 W IRLO BRONSON HWY KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5477 W. Irlo Bronson Hwy
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				President Date 4/27/05	
407 397 9657				Daytime Phone #	