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May 03, 2004 8:00 am
Secretary of State

05-03-2004 90689 005 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000002913

1. Entity Name
RESORTPROPERTIES.COM, INC.

Principal Place of Business
5020 TAMIAMI TRAIL NORTH, SUITE 120
NAPLES, FL 34103 28

Mailing Address
5020 TAMIAMI TRAIL NORTH, SUITE 120
NAPLES, FL 34103

04202004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
12810 TAMIAMI TRAIL N		12810 TAMIAMI TRAIL N	
Suite, Apt. #, etc. 202		Suite, Apt. #, etc. 202	
City & State NAPLES, FL		City & State NAPLES, FL	
Zip 34110	Country USA	Zip 34110	Country USA

4. FEI Number 80-0019084 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TIMMERMAN, MICHAEL J
5020 TAMIAMI TR. N.
SUITE 120
NAPLES, FL 34103

7. Name and Address of New Registered Agent

Name: TIMMERMAN, MICHAEL J.
Street Address (P.O. Box Number is Not Acceptable): 12810 TAMIAMI TRAIL N, STE 202
City: NAPLES FL Zip Code: 34110

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____ DATE__________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PCEO TIMMERMAN, MICHAEL J PCEO 6556 CHESTNUT CIRCLE NAPLES, FL 34103	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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: ____________________ 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #