

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90094 027 ***150.00

DOCUMENT # P02000002913 1. Entity Name RESORTPROPERTIES.COM, INC.			
Principal Place of Business 12810 TAMiami TRAIL N 202 NAPLES, FL 34110 28		Mailing Address 12810 TAMiami TRAIL N 202 NAPLES, FL 34110 28	
2. Principal Place of Business 999 Vanderbilt Bch Rd Suite, Apt. #, etc. 606		3. Mailing Address 999 Vanderbilt Bch Rd Suite, Apt. #, etc. 606	
City & State Naples, FL		City & State Naples, FL	
Zip 34108	Country	Zip 34108	Country
4. FEI Number 80-0019084		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 TIMMERMAN, MICHAEL J 12810 TAMiami TRAIL N, STE 202 NAPLES, FL 34110		7. Name and Address of New Registered Agent Name Timmerman, Michael J. Street Address (P.O. Box Number is Not Acceptable) 999 Vanderbilt Bch Road, #606 City Naples	
State FL		Zip Code 34108	
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: Michael J. Timmerman 4-27-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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 PCEO	NAME TIMMERMAN, MICHAEL J PCEO	TITLE 	NAME
STREET ADDRESS 6556 CHESTNUT CIRCLE	CITY-ST-ZIP NAPLES, FL 34103	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
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: Michael J. Timmerman		Date 4-27-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	