

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000078252

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: RESORT CONNECTIONS INC.

## Current Principal Place of Business:

10818 NW 18 CT  
GAINESVILLE, FL 32606

## New Principal Place of Business:

## Current Mailing Address:

10818 NW 18 CT  
GAINESVILLE, FL 32606

## New Mailing Address:

FEI Number: 37-1436376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BARTON, MICHAEL JAMES  
Address: 4420 SW 103 CT  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: CARTY, CRAIG EDWARD  
Address: 10818 NW 18 CT  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: CHARLES, DEBRA M  
Address: 10818 NW 18 CT  
City-St-Zip: GAINESVILLE, FL 32606

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA M CHARLES

D

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date