2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2004
Secretary of State

DOCUMENT# P02000085574

Entity Name: WHOLESALE VACATIONS INC

Current Principal Place of Business:

242 LIVE OAK BLVD
CASSLEBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

242 LIVE OAK BLVD
CASSLEBERRY, FL 32707

New Mailing Address:

FEI Number: 54-2066257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGUIRE, DAVID
2913 KRISTA KEY CR
CASSLEBERRY, FL 32792

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: P ( ) Delete
Name: MCGUIRE, DAVID
Address: 2913 KRISTA KEY CR
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID MCGUIRE P 01/07/2004

Electronic Signature of Signing Officer or Director — Date