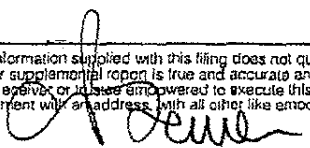


FILED
May 03, 2004 08:00 AM
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000122405					
1. Entity Name YELLOW CRANE HOLIDAYS, INC.					
Principal Place of Business 505 AVE A NW STE 102 WINTER HAVEN, FL 33881			Mailing Address 505 AVE A NW STE 102 WINTER HAVEN, FL 33881		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 80-0077864				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GOVONI, HARDING & ASSOCIATES, INC. 505 AVE A NW STE 102 WINTER HAVEN, FL				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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		
			05/03/04-80112-019 150.00		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPPS, DAVID J ☐ Delete 48-50 THE ESPLANADE ST HELIER, JE JE4 8NX				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWMAN, GARY J ☐ Delete 48-50 THE ESPLANADE ST ST HELIER, JE JE4 8NX				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUGEARD, ROGER A ☐ Delete 48-50 THE ESPLANADE ST ST HELIER, JE JE4 8NX				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODFELLOW, IAN C ☐ Delete 48-50 THE ESPLANADE ST ST HELIER, JE JE4 8NX				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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:  GARY J. BOWMAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR					
Date: 26/4/04 44 1534 709039 Date Day/Month/Year					

**GARY J. BOWMAN
DIRECTOR**