

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000005956

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA EXECUTIVE VACATION VILLAS, INC.

Current Principal Place of Business:

17411 WOOD CREST WAY
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

17411 WOOD CREST WAY
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 54-2098625 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BANKS, SHIRLEY V MRS
17411 WOOD CREST WAY
CLERMONT, FL 34714 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: PRES () Delete
Name: BANKS, SHIRLEY V MRS
Address: 17411 WOODCREST WAY
City-St-Zip: CLERMONT, FL 34714 US

Title: VICE () Delete
Name: BANKS, LEWIS A MR
Address: 17411 WOODCREST WAY
City-St-Zip: CLERMONT, FL 34714 US

Title: SEC () Delete
Name: BANKS, GEORGINA M MISS
Address: 17411 WOODCREST WAY
City-St-Zip: CLERMONT, FL 34714 US

Title: TRES () Delete
Name: BANKS, SHIRLEY V MRS
Address: 17411 WOODCREST WAY
City-St-Zip: CLERMONT, FL 34714

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:

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: SHIRLEY V BANKS

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date