

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011934

Entity Name: VACA CUT VACATIONS, INC.

FILED  
Feb 09, 2009  
Secretary of State

## Current Principal Place of Business:

58316 OVERSEAS HIGHWAY  
MARATHON, FL 33050

## New Principal Place of Business:

## Current Mailing Address:

58316 OVERSEAS HIGHWAY  
MARATHON, FL 33050

## New Mailing Address:

FEI Number: 41-2079018

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DEVANE, WILLIAM N JR.  
5701 OVERSEAS HIGHWAY  
SUITE 12  
MARATHON, FL 33050 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: PD ( ) Delete  
Name: EIGNER, GEORGE E  
Address: 58316 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

Title: TD ( ) Delete  
Name: EIGNER, JACALYN R  
Address: 58316 OVERSEAS HIGHWAY  
City-St-Zip: MARATHON, FL 33050

Title: VD ( ) Delete  
Name: EIGNER, ALAN  
Address: P.O. BOX 510375  
City-St-Zip: KEY COLONY BEACH, FL 330510375

Title: SD ( ) Delete  
Name: EIGNER, JEAN  
Address: P.O. BOX 510375  
City-St-Zip: KEY COLONY BEACH, FL 330510375

## 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: JACALYN R. EIGNER

TD

02/09/2009

Electronic Signature of Signing Officer or Director

Date