

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051434

FILED  
Jan 26, 2004  
Secretary of State

Entity Name: FLORIDA VACATION RENTALS, INC.

## Current Principal Place of Business:

601 SUNRIDGE WOODS BLVD  
DAVENPORT, FL 33837

## New Principal Place of Business:

## Current Mailing Address:

601 SUNRIDGE WOODS BLVD  
DAVENPORT, FL 33837

## New Mailing Address:

FEI Number: 13-4251155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIERCEFIELD, DAVID S  
230 LOOKOUT PL STE 200  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

WARD, IAN F  
601 SUNRIDGE WOODS BLVD  
DAVENPORT, FL 33837

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: IAN F WARD

01/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WARD, SUSAN A  
Address: 601 SUNRIDGE WOODS BLVD  
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete  
Name: WARD, IAN F  
Address: 601 SUNRIDGE WOODS BLVD  
City-St-Zip: DAVENPORT, FL 33837

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition  
Name: WARD, GAVIN R. J  
Address: 601 SUNRIDGE WOODS BLVD  
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Change (X) Addition  
Name: WARD, MARK I. G  
Address: 601 SUNRIDGE WOODS BLVD  
City-St-Zip: DAVENPORT, FL 33837

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: IAN F. WARD

D

01/26/2004

Electronic Signature of Signing Officer or Director

Date