

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90026 027 \*\*\*150.00

**DOCUMENT # P03000086037**

1. Entity Name

FLORIDA SUN VACATION HOMES, INC.



Principal Place of Business

2901 LOTUS COURT  
KISSIMMEE FL 34747-2212

Mailing Address

2901 LOTUS COURT  
KISSIMMEE FL 34747-2212

2. Principal Place of Business

12539 STATE RD. 535

Suite, Apt. #, etc.

3. Mailing Address

12539 STATE RD. 535

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

81-0627397

Applied For

Not Applicable

Zip

32836

Country

USA

Zip

32836

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LENOX, DAVID R ESQ.  
135 W. CENTRAL BLVD.  
SUITE 1100  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME ORTENZIO, JAMES R  
STREET ADDRESS 2901 LOTUS COURT  
CITY-ST-ZIP KISSIMMEE FL 34747-2212

TITLE VP ☐ Delete  
NAME ORTENZIO, BROCK  
STREET ADDRESS 2901 LOTUS COURT  
CITY-ST-ZIP KISSIMMEE FL 34747-2212

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Jim Ortenzio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Ortenzio

2/2/04

407-938-0228

Date

Daytime Phone #