

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000134759	
1. Entity Name TRIPower VACATION RENTALS, INC.	

Principal Place of Business 2555 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931	Mailing Address 2555 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931
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02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2135944	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHENKO, WILLIAM E JR 1661 ESTERO BLVD., SUITE 24 FORT MYERS BEACH, FL 33937-4132	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

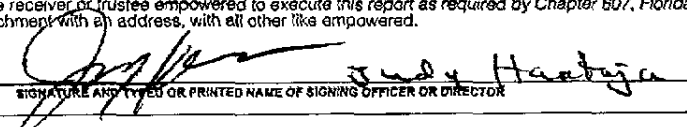
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HAATAJA, JUDY ANN 2555 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAATAJA, JERRY 2555 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931
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05/05/06-80106-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Judy Haataja** 4-17-06 239-965-2133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #