

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90031 018 ***150.00

DOCUMENT # P03000143590

1. Entity Name

TIMESHARE RESORT RESALES, INC.



Principal Place of Business

**250 PINWOOD DR
MAITLAND FL 32751**

Mailing Address

**250 PINWOOD DR
MAITLAND FL 32751**

54023633



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

P.O. Box 7323

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SEMINOLE

City & State

City & State

FL 33775

Zip

Country

Zip

Country

33775 PINNEHAS

4. FEI Number

141900142

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KEMP, PHYLLIS A
250 PINWOOD DR
MAITLAND FL 32751**

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

Phyllis A Kemp

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
KEMP, PHYLLIS A
250 PINWOOD DR
MAITLAND FL 32751** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
BARESE, LISA
6901 80TH AVE NORTH
PINELLAS PARK FL 33781** ☐ Delete

TITLE
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☐ Change ☐ Addition

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:

Phyllis A Kemp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 24 04 **727 522-4220**

Date

Daytime Phone #