

P04000091604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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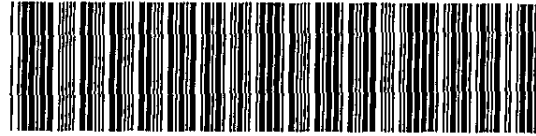
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOLIDAY VACATION PROPERTIES, INC
(Name of Corporation)

DOCUMENT NUMBER: P04000091604

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAY R. WELLS
(Name of Person)

HOLIDAY VACATION PROPERTIES, INC.
(Name of Firm/Company)

635 OAKVIEW ST.
(Address)

ALTA MONTE SPRINGS, FL. 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

JAY R. WELLS at (407) 492-5702
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

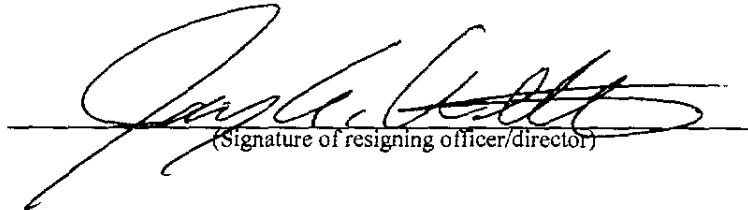
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, JAY R. WELLS, hereby resign as PRESIDENT, VICE
PRESIDENT, SECRETARY, AND TREASURER
of HOLIDAY VACATION PROPERTIES, INC.
(Name of Corporation)

P04000091604, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314