

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098455

Entity Name: CABIN FEVER VACATIONS INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

15620 GREENOCK LANE
FT MYERS, FL 33912

New Principal Place of Business:

8359 BEACON BL
315
FT MYERS, FL 33907

Current Mailing Address:

15620 GREENOCK LANE
FT MYERS, FL 33912

New Mailing Address:

8359 BEACON BL
315
FT MYERS, FL 33907

FEI Number: 20-1308948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEER, JACK M PRES
15620 GREENOCK LANE
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SHEER, JACK M PRES
8359 BEACON BL
315
FT MYERS, FL 33907 US

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:

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHEER, JACK M
Address: 15620 GREENOCK LN
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: SMITH, JOHN L
Address: 2549 W GULF DR #102
City-St-Zip: SANIBEL, FL 33957

Title: ST () Delete
Name: WILLIAMS, CAROL
Address: 8607 BRITTANIA DR
City-St-Zip: FORT MYERS, FL 33912

Title: VP () Delete
Name: WILLIAMS, ALLEN C VP
Address: 8607 BRITTANIA DRIVE
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHEER, JACK M
Address: 13650 FIDDLESTICKS BL. #202-397
City-St-Zip: FORT MYERS, FL 33912

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JACK M. SHEER

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date