

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119120

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: VACATIONS IN THE SUN, INC.

## Current Principal Place of Business:

3025 CARIBBEAN DR.  
DAVENPORT, FL 33897

## New Principal Place of Business:

## Current Mailing Address:

3025 CARIBBEAN DR.  
DAVENPORT, FL 33897

## New Mailing Address:

PO BOX 351  
SLATERSVILLE, RI 02876

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
660 E. JEFFERSON ST.  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WALSH, MICHAEL  
Address: 357 N. MAIN ST.  
City-St-Zip: NORTH SUMMERFIELD, RI 02896

Title: S ( ) Delete  
Name: WALSH, TINA  
Address: 357 N. MAIN ST.  
City-St-Zip: NORTH SUMMERFIELD, RI 02896

Title: V ( ) Delete  
Name: FONDINI, PETER  
Address: 16 CAREY AVE.  
City-St-Zip: BURLINGTON, MA 01803

Title: TD ( ) Delete  
Name: FONDINI, JOANNE  
Address: 16 CAREY AVE.  
City-St-Zip: BURLINGTON, MA 01803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition  
Name: FONDINI, JOANNE  
Address: 16 CAREY AVE.  
City-St-Zip: BURLINGTON, MA 01803

Title: P (X) Change ( ) Addition  
Name: WALSH, MICHAEL  
Address: 357 N. MAIN ST.  
City-St-Zip: NORTH SMITHFIELD, RI 02896

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

Title: T (X) Change ( ) Addition  
Name: WALSH, TINA  
Address: 357 N. MAIN ST.  
City-St-Zip: NORTH SMITHFIELD, RI 02896

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL WALSH

PRE

04/26/2005

Electronic Signature of Signing Officer or Director

Date