

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90086 038 \*\*\*150.00

**DOCUMENT # P04000121003**

1. Entity Name

R & R VACATIONS INC.



Principal Place of Business

7421 - 114TH AVENUE NORTH  
SUITE 204  
LARGO FL 33777

Mailing Address

7421 - 114TH AVENUE NORTH  
SUITE 204  
LARGO FL 33777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

87-0731173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
Fee Required

6. Name and Address of Current Registered Agent

SCADRON, SCOTT  
6412 93RD TER N  
UNIT # 4801  
PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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

TITLE P ☐ Delete  
NAME SCADRON, SCOTT  
STREET ADDRESS 6412 93RD TER N, UNIT # 4801  
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE VS ☒ Delete  
NAME URIE, JOANA  
STREET ADDRESS 11521 60TH ST N  
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06

Date

727-504-7353

Daytime Phone #