

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000025313

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** RESORT SOLUTIONS REALTY INC.

**Current Principal Place of Business:**

319 N ATLANTIC AVE  
DAYTONA BEACH, FL 32118

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 366  
ORMOND BEACH, FL 32175

**New Mailing Address:**

FEI Number: 20-2454270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C A SATTENFIELD  
PO BOX 366  
ORMOND BEACH, FL 32175 US

**Name and Address of New Registered Agent:**

C A SATTENFIELD  
319 N ATLANTIC AVE.  
DAYTONA BEACH, FL 32118 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VS ( ) Delete  
Name: SATTENFIELD, PATRICIA W  
Address: ROUTE 1 BOX 346  
City-St-Zip: BARBERSVILLE, FL 32105

Title: T ( ) Delete  
Name: LAUX, JEFFREY  
Address: 62 AMSDEN ROAD  
City-St-Zip: ORMOND BEACH, FL 32176

Title: P (X) Delete  
Name: SATTENFIELD, WES JR.  
Address: P O BOX 2069  
City-St-Zip: ORMOND BEACH, FL 32175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SATTENFIELD, PATRICIA W  
Address: ROUTE 1 BOX 346  
City-St-Zip: BARBERSVILLE, FL 32105

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: PATRICIA SATTENFIELD

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date