

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

04-21-2006 90117 044 ***150.00

DOCUMENT # P05000084854 1. Entity Name FLORIDA SOCCER VACATIONS, INCORPORATED					
Principal Place of Business 1215 N. MAIN ST. KISSIMMEE, FL 34744				Mailing Address 1215 N. MAIN ST. KISSIMMEE, FL 34744	
2. Principal Place of Business 1714 KELLEY AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State KISSIMMEE, FLORIDA Zip 34744		City & State Zip		4. FEI Number 20-3002934	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TANSLEY, ROBERT P 1215 N. MAIN ST. KISSIMMEE, FL 34744				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TANSLEY, ROBERT P 1215 N. MAIN ST. KISSIMMEE, FL 34744	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEWART, IAN R 1215 N. MAIN ST. KISSIMMEE, FL 34744	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORDOBA, GIANCARLO 1215 N. MAIN ST. KISSIMMEE, FL 34744	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLICH, KEN 1215 N. MAIN ST. KISSIMMEE, FL 34744	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>R.P. Tansley Robert Tansky</u> 4-14-06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					