
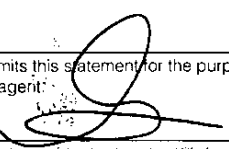


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90105 019 ***150.00

DOCUMENT # P05000146547 1. Entity Name RESORT MANAGEMENT AGENCY, INC.					
Principal Place of Business 140 S BEACH ST #405 DAYTONA BEACH, FL 32114			Mailing Address 140 S BEACH ST #405 DAYTONA BEACH, FL 32114		
2. Principal Place of Business - No P.O. Box # 400 S. Atlantic Ave Suite, Apt. #, etc. #105		3. Mailing Address 400 S. Atlantic Ave Suite, Apt. #, etc. #105			
City & State Ormond Beach, FL Zip 32176		City & State Ormond Beach, FL Zip 32176		4. FEI Number 20-3909861	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINQUIST, GREGORY L 140 S BEACH ST #405 DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400 S. Atlantic Ave #105 City Ormond Beach 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: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;">  <small>(NOTE: Registered Agent signature required when reissuing)</small> </div> <div style="width: 20%; text-align: right;"> DATE 4/30/07 </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D WINQUIST, GREGORY L 140 S BEACH ST, #405 DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINQUIST, GREGORY L. 400 S. Atlantic Ave #105 Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, DIANE 140 S BEACH ST, #405 DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORGAN, DIANE 400 S. Atlantic Ave, #105 Ormond Beach, FL 32176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> 4/30/07 <small>Date</small> </div> <div> 386-212-4705 <small>Dutime Phone #</small> </div> </div>		