

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000028258

FILED
Jan 06, 2010
Secretary of State

Entity Name: NO WORRIES VACATION RENTAL HOMES INC.

Current Principal Place of Business:

143 ACKLINS ISLAND DRIVE
CAPE SAN BLAS, FL 32456

New Principal Place of Business:

1409 CONSTITUTION AVE
PORT SAINT JOE, FL 32456

Current Mailing Address:

143 ACKLINS ISLAND ROAD
CAPE SAN BLAS, FL 32456

New Mailing Address:

1409 CONSTITUTION AVE
PORT SAINT JOE, FL 32456

FEI Number: 27-1469782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PIERCE, CHRIS E PA
188 AVALON DRIVE
CAPE SAN BLAS, FL 32456 US

Name and Address of New Registered Agent:

NEWMAN, GEORGE S
1409 CONSTITUTION AVE
PORT SAINT JOE, FL 32456 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: GEORGE S NEWMAN

01/06/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: NEWMAN, KELLI H
Address: 1409 CONSTITUTION AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: VP
Name: NEWMAN, KELLI H
Address: 1409 CONSTITUTION AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: S
Name: NEWMAN, KELLI H
Address: 1409 CONSTITUTION AVE
City-St-Zip: PORT SAINT JOE, FL 32456

Title: T
Name: NEWMAN, KELLI H
Address: 1409 CONSTITUTION AVE
City-St-Zip: PORT SAINT JOE, FL 32456

I hereby 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 all other like empowered.

SIGNATURE: KELLI H NEWMAN

P

01/06/2010

Electronic Signature of Signing Officer or Director

Date