


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90230 007 ***150.00

DOCUMENT # P93000010468

1. Entity Name
LIDO TOWERS VACATION RENTALS, INC.



Principal Place of Business Mailing Address
1001 BEN FRANKLIN DR. **1001 BEN FRANKLIN DR.**
SARASOTA, FL 34236 **SARASOTA, FL 34236**

14010794



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

04172004 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0392474 Not Applicable

5- Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RHODEN, BRUCE
5808 15TH ST W
BRADENTON, FL 34207

7. Name and Address of New Registered Agent

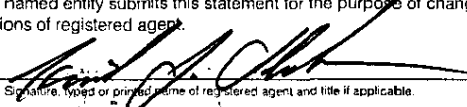
Name **Daniel J. Lobeck**

Street Address (P.O. Box Number is Not Acceptable)
Lobeck, Hanson & Wells

2033 Main St., Suite 403

City **Sarasota** **FL 34237**

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  DATE **4/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MACKINNON, MICHAEL	
STREET ADDRESS	1355 TANGLEWOOD COURT	
CITY-ST-ZIP	WINDSOR, ON N9J2K	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUSKEY, JERRY	
STREET ADDRESS	1001 BEN FRANKLIN DR #213	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, RICHARD	
STREET ADDRESS	PO BOX 162, RYLAND RD N/A	
CITY-ST-ZIP	WHITEHOUSE, NJ	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	RHODEN, BRUCE	
STREET ADDRESS	5808 15HT ST. W.	
CITY-ST-ZIP	BRADENTON, FL 34207	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LANDERS, THOMAS	
STREET ADDRESS	1009 H JACKSON #2405	
CITY-ST-ZIP	MILWAUKEE, WI 53202	
TITLE	S	<input type="checkbox"/> Delete
NAME	REIFENBERG, TOM	
STREET ADDRESS	4360 WASHINGTON ST	
CITY-ST-ZIP	COLUMBUS, IN 47203	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathy Misischia	
STREET ADDRESS	2404 Rivendell Dr.	
CITY-ST-ZIP	New Lenox, IL 60451	
TITLE	T/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Huskey, H. Gerald	
STREET ADDRESS	1001 Ben Franklin Dr, Unit #213	
CITY-ST-ZIP	Sarasota, Fl. 34236	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thornton, Fred	
STREET ADDRESS	3432 Hardwood Forest Dr.	
CITY-ST-ZIP	Louisville, KY 40214	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Giangrande, Gino	
STREET ADDRESS	14 Berkshire Dr.	
CITY-ST-ZIP	Winchester, Ma. 01890	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Farr, Arthur	
STREET ADDRESS	583 Lake Forest Dr.	
CITY-ST-ZIP	Bay Village, OH 44140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **H. Gerald Huskey** **4/26/04** **941-388-5504**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #