

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000016504

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: SEA SHELL VACATION RENTALS, INC.

## Current Principal Place of Business:

6500 MIDNIGHT PASS ROAD  
SARASOTA, FL 342422599

## New Principal Place of Business:

## Current Mailing Address:

6500 MIDNIGHT PASS ROAD  
SARASOTA, FL 342422599

## New Mailing Address:

FEI Number: 65-0399562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, CURRAN  
1764 FLOYD ST  
SARASOTA, FL 34239 US

## Name and Address of New Registered Agent:

WELLS, KEVIN T  
22 S.LINKS AVE SUITE 301  
SARASOTA, FL 34236 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: KEVIN T. WELLS, ESQ.

02/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, CURRAN  
Address: 1764 FLOYD ST  
City-St-Zip: SARASOTA, FL 34239

Title: VP ( ) Delete  
Name: BRIGGS, RICK  
Address: 815 E TARMADGE AVE  
City-St-Zip: AKRON, OH 44310

Title: S ( ) Delete  
Name: DEBEANE, ESTELE  
Address: 9477 HAWKSMOOR LN  
City-St-Zip: SARASOTA, FL 34238

Title: T ( ) Delete  
Name: MAJETICH, SUSAN  
Address: 334 REBBECA RD  
City-St-Zip: JOLIET, IL 60435

Title: D ( ) Delete  
Name: KASH, LEE  
Address: 10 ASPEN WOODS DR  
City-St-Zip: SPRINGBORO, OH 45066

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BRIGGS, RICK  
Address: 815 E TALLMADGE AVE  
City-St-Zip: AKRON, OH 44310

Title: S (X) Change ( ) Addition  
Name: DEBBANE, ESTELLE  
Address: 9477 HAWKSMOOR LN  
City-St-Zip: SARASOTA, FL 34238

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: CURRAN SMITH

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date