2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 26, 2005 08:00 AM Secretary of State DOCUMENT # P93000036507 1. Entity Name FLORIDA BEACH VACATIONS AND INVESTMENTS INC. Principal Place of Business Mailing Address 25151 PENN ROYAL BONITA SPRINGS FL 33923 US 25151 PENNY ROYAL BONITA SPRINGS FL 33923 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 65-0432827 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSINUS, FRANZ Street Address (P.O. Box Number is Not Acceptable) 25151 PENNY ROYAL DRIVE **BONITA SPRINGS FL 33923** Zip Cade 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 Signature, typed or printed name of registered againt and this if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Addition TITLE TITLE U00000277740 ROSINUS, UTE NAME 03/26/05-80041-010 150.00 STREET ADDRESS 26811 SOUTH BAY DR. #240 STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CUTY-ST-ZIP Change ☐ Addition Defete TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 011Y-51-7IP City-St-ZIP Change ☐ Addition ☐ Delete 1171 E HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZP TITLE ☐ Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAM STREET ADDRESS CIRECT ADDRESS City-St-7IP CUTY ST- 7IP 12. I hereby certify that the information supplied with this filling 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

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