2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000032607

1. Entity Name
AMBER VACATION RESORTS, INC.

Principal Place of Business	Mailing Address
621 S. ATLANTIC AVENUE ORMOND BEACH, FL 32176	700 W. GRANADA BLVD., STE 201 ORMOND BEACH, FL 32174

03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0508488
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C., CO.
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO, FL 32801

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

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

U00000111816
04/13/04-80036-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPST
NAME	ROBBINS, STACY H
STREET ADDRESS	700 W. GRANADA BLVD., STE 201
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	D
NAME	ANDERSON, CHARLES H
STREET ADDRESS	2301 RIDGE RD.
CITY-ST-ZIP	PIGEON FORGE, TN 37863
TITLE	D
NAME	BRADFORD, JERRY W
STREET ADDRESS	2301 RIDGE RD.
CITY-ST-ZIP	PIGEON FORGE, TN 37863
TITLE	PD
NAME	MOSSER, TOM
STREET ADDRESS	2301 RIDGE RD.
CITY-ST-ZIP	PIGEON FORGE, TN 37863
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Stacy Robbins 4-2-04 386-673-7767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #