

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

07-01-2004 90001 024 ***150.00

DOCUMENT # P96000072479

1. Entity Name
PRESTIGE VACATION HOMES, INC.



Principal Place of Business
**101 THOUSAND OAKS BLVD.
DAVENPORT, FL 33837 US**

Mailing Address
**101 THOUSAND OAKS BLVD.
DAVENPORT, FL 33837 US**

54059427



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06072004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3436689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOLES, GARY
215 N EOLA DRIVE
ORLANDO, FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTSD
NOVIK, GUY
1 RAVEN ROAD
LONDON, ENGLAND, E18-1D**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ Addition

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: *Guy Novik*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14 JUNE 2004

Date

1-877-793-1275

Daytime Phone #