


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000076484**

1. Entity Name  
**ELITE VACATIONS INC.**



Principal Place of Business      Mailing Address

**2929 VINELAND RD**      **2929 VINELAND RD**  
**KISSIMMEE, FL 34746 US**      **KISSIMMEE, FL 34746 US**

**DO NOT WRITE IN THIS SPACE**



04032006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0733915**      Not Applicable

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

6. Name and Address of Current Registered Agent

**HAYES, ROBERT S**  
**441 WEST VINE STREET**  
**KISSIMMEE, FL 34741**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	OXLEY, PAUL
STREET ADDRESS	3050 MICHIGAN AVE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VP
NAME	BAGSHAW, RICHARD
STREET ADDRESS	2929 VINELAND RD
CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

UD0000495619  
 04/21/06-80017-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_      **4/4/2006**      **407 518 711**