

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000006866

**Entity Name:** RESORT RENTALS, INC.

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8010 BLIND PASS RD.  
ST. PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

8010 BLIND PASS RD.  
ST. PETE BEACH, FL 33706

**New Mailing Address:**

**FEI Number:** 59-3487420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOFSTRA, PETER T  
8640 SEMINOLE BOULEVARD  
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CONSONI, RUDOLF  
Address: 7211 2ND AVE SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33707

Title: VP  
Name: COOK-CONSONI, HELEN  
Address: 7211 2ND AVE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33707

I hereby 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 all other like empowered.

SIGNATURE: RUDOLF CONSONI

PRES

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date