## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000038310

Entity Name: VACATION PLANNERS INTERNATIONAL, INC.

FILED Mar 10, 2004 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

1140 E. ALTAMONTE DR., SUITE 1019 1140 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701

**SUITE 1019** 

ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address: New Mailing Address:** 

1140 E. ALTAMONTE DRIVE 1140 E. ALTAMONTE DR., SUITE 1019 ALTAMONTE SPRINGS, FL 32701

**SUITE 1019** 

ALTAMONTE SPRINGS, FL 32701

FEI Number: 59-3519066 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

GAGLIANO, ANTHONY M GAGLIANO, ANTHONY M 1140 E. ALTAMONTE DR. 1140 E. ALTAMONTE DRIVE **SUITE 1019 SUITE 1019** 

ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32701

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: ANTHONY M. GAGLIANO 03/10/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOT ( ) Delete Title: () Change () Addition

GAGLIANO, ANTHONY M Name: Name: 1140 E. ALTAMONTE DR., SUITE 1019 Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip:

Title: **VPST** () Delete Title: () Change () Addition

Name: GAGLIANO, MICHAEL R Name: 1140 E. ALTAMONTE DR., SUITE 1019 Address: Address: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY M. GAGLIANO CEO 03/10/2004