

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000044559

Entity Name: EDEN VACATION HOMES, INC.

FILED  
Apr 04, 2005  
Secretary of State

## Current Principal Place of Business:

405 CAMPUS STREET  
KISSIMMEE, FL 34747

## New Principal Place of Business:

## Current Mailing Address:

405 CAMPUS STREET  
KISSIMMEE, FL 34747

## New Mailing Address:

FEI Number: 59-3512457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BYRD & GANTT CPAS PA  
3359 W. VINE STREET, #104  
KISSIMMEE, FL 34741 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR ( ) Change (X) Addition  
Name: HARRIS, RICHARD  
Address: 405 CAMUS STREET  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MS ( ) Change (X) Addition  
Name: DUKE, CLAIRE  
Address: 405 CAMUS STREET  
City-St-Zip: CELEBRATION, FL 34747 US

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: RICHARD HARRIS

MR

04/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date