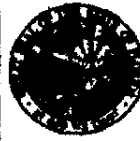


ANNUAL REPORT

DOCUMENT # P99000006442

1. Entity Name
FLORIDIAN ESCAPES, INC.



FILED
May 12, 2004 08:00 AM
Secretary of State

Principal Place of Business
7601 CONROY WINDERMERE RD.
SUITE 203
ORLANDO, FL 32835

Mailing Address
P.O. BOX 1054
WINDERMERE, FL 34786



03042003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3553847

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, MICHAEL B
7601 CONROY WINDERMERE RD
SUITE 203
ORLANDO, FL 32835

**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 *[Signature]*
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/10/04
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

TITLE	PD
NAME	STALLARD, MICHAEL R
STREET ADDRESS	714 NORTH BERMUDA
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	DV
NAME	RAJA, JANAK H
STREET ADDRESS	714 NORTH BERMUDA
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	S
NAME	JONES, MICHAEL B
STREET ADDRESS	7601 CONROY WINDERMERE RD. STE 203
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/04-80006-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* SECRETARY 5/10/04

Recorded NO NOTICE - MICHAEL B JONES