

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90014 027 \*\*\*150.00

**DOCUMENT # P99000027016**  
 1. Entity Name  
**FLORIDA SUNSHINE VACATION HOMES, INC.**

Principal Place of Business      Mailing Address  
 12701 S JOHN YOUNG PARKWAY      12701 S JOHN YOUNG PARKWAY  
 SUITE 207      SUITE 207  
 ORLANDO, FL 32837      ORLANDO, FL 32837

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



01092004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0912948**      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GUERRIERO, ANTONIA MARIA**  
**10033 CANOPY TREE COURT**  
**ORLANDO, FL 32836**

7. Name and Address of New Registered Agent  
 Name **Leone Alfano**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10033 Canopy Tree Court**  
 City **Orlando**      FL      Zip Code **32836**

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 \_\_\_\_\_ DATE **01/09/2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GUERRIERO, ANTONIA MARIA 10033 CANOPY TREE COURT ORLANDO, FL 32836 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEONE, ALFANO 10021 CANOPY TREE COURT ORLANDO, FL 32836 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_ DATE **01/09/2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #