

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90057 045 \*\*\*150.00

**DOCUMENT # P99000043681**

1. Entity Name  
**VACATION PROPERTY SERVICES, INC.**



Principal Place of Business  
**5565 9TH ST N.  
 SAINT PETERSBURG, FL 33703**

Mailing Address  
**5565 9TH ST N.  
 SAINT PETERSBURG, FL 33703**

**50013356**



2. Principal Place of Business <b>7005 4th Street North</b>	3. Mailing Address <b>7005 4th Street North</b>
Suite, Apt. #, etc. <b>Suite 106</b>	Suite, Apt. #, etc. <b>Suite 106</b>
City & State <b>St. Petersburg Florida</b>	City & State <b>St. Petersburg Florida</b>
Zip <b>33702</b>	Zip <b>33702</b>
Country <b>Pinellas</b>	Country <b>Pinellas</b>

02012005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3477377-59-3577377</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WILSON, ALBERT M  
 5565 9TH ST. N.  
 SAINT PETERSBURG, FL 33703**

7. Name and Address of New Registered Agent

Name  
**Wilson, Albert M**

Street Address (P.O. Box Number is Not Acceptable)  
**7005 4th Street North**

**Suite 106**

City  
**St. Petersburg**

State  
**FL**

Zip Code  
**33702**

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: *Albert M Wilson* DATE: 2-1-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TAYLOR, DAVID 5565 9TH ST. N. ST. PETERSBURG, FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WILSON, ALBERT M 5565 9TH ST. N. ST. PETERSBURG, FL 33703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TAYLOR, DAVID 7005 4th Street North, Suite 106 St. Petersburg Florida 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WILSON, ALBERT M 7005 4th Street North Suite 106 St. Petersburg Florida 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, if an address, with all other like empowered.

SIGNATURE: *Albert M Wilson* DATE: 2-1-05 DAYTIME PHONE #: 727 490 5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #