

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90354 041 \*\*\*150.00

**DOCUMENT # P99000054170**

1. Entity Name  
KISSIMMEE VACATIONS, INC.



Principal Place of Business  
1100 S. US HWY. 27, WOODRIDGE PLAZA S-E  
CLERMONT, FL 34714

Mailing Address  
1100 S. US HWY. 27, WOODRIDGE PLAZA S-E  
CLERMONT, FL 34714



04232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3587221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEVINE, MICHAEL P  
1100 S. US HWY. 27, WOODRIDGE PLAZA S-E  
CLERMONT, FL 34711

**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 Michael Levine  
Signature, typed or printed name of registered agent and title if applicable.

Michael Levine  
(NOTE: Registered Agent signature required when reinstating)

04/24/2008  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE PVST  
NAME LEVINE, MICHAEL P  
STREET ADDRESS 1100 S. US HWY. 27, WOODRIDGE PLAZA S-E  
CITY-ST-ZIP CLERMONT, FL 34711

TITLE D  
NAME LEVINE, MICHAEL P  
STREET ADDRESS 1100 S. US HWY. 27, WOODRIDGE PLAZA S-E  
CITY-ST-ZIP CLERMONT, FL 34711

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CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

Michael Levine  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/24/2008  
Date

352 243 0009  
Daytime Phone #