


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90006 003 \*\*\*150.00

<b>DOCUMENT # P99000056291</b>	
1. Entity Name <b>SYLVETTE VACATION HOME RENTAL MANAGEMENT, INC.</b>	

Principal Place of Business <b>2407 JOSEFINA DRIVE KISSIMMEE, FL 34744</b>	Mailing Address <b>750 OFFICE PLAZA BLVD STE 301 KISSIMMEE, FL 34744</b>
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2. Principal Place of Business <i>same</i>	3. Mailing Address <i>2407 Josefin Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <i>Kissimmee, FL</i>
Zip	Country <i>34744 Osceola</i>

05112004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>SANTOS, SYLVETTE 2407 JOSEFINA DR KISSIMMEE, FL 34744</b> <i>Sylvette Santos</i>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Sylvette Santos* DATE *MAY 17 2004*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SANTOS, SYLVETTE 407 JOSEFINA DRIVE KISSIMMEE, FL 34744</b> <input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 with an address, with all other like empowered.

SIGNATURE: *Sylvette Santos* DATE *MAY 17, 2004* 4073480117  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR