

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000099322

1. Entity Name
SW FLORIDA WATERFRONT VACATION, INC.



**FILED
Feb 02, 2005 8:00 am
Secretary of State**

02-02-2005 90042 046 ***150.00

40010855



01262005 Chg-P CR2E034 (10/03)

| | |
|------------------------------------|---|
| 4. FEI Number 65-0968002 | Applied For <input type="checkbox"/> |
| Not Applicable | |

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

6. Name and Address of Current Registered Agent

LYDIA THIERSMANN
1317 SE 46TH LANE #207
CAPE CORAL, FL 33904-8624

Name
Lydia Thiersmann

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD HIRSCHMANN, HANS-PETER 3628 SW 1ST PLACE CAPE CORAL, FL 33914 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zur Pfefferlache 12 Worms, Germany |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD HIRSCHMANN, GERLINDE 3268 S.W. 1ST PLACE CAPE CORAL, FL 33914 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zur Pfefferlache 12 Worms, Germany |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THIERSMAN, LYDIA 1317 SE 46TH LANE #207 CAPE CORAL, FL 33904 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thiersmann, Lydia |
| 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 |
| 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 |
| 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: *Lydia Thiersmann Lydia Thiersmann* **1-26-05** **239-549-4262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #