

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000105603

1. Entity Name
VACATIONLAND, INC.



Principal Place of Business

1241 AIRPORT ROAD
SUITE H
DESTIN, FL 32541

Mailing Address

1241 AIRPORT ROAD
SUITE H
DESTIN, FL 32541

FILED
Apr 14, 2006 08:00 AM
Secretary of State



04102006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3612622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, KAREN K
1241 AIRPORT ROAD
SUITE H
DESTIN, FL 32541

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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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
PT
WARD, TROY D
1165 BAY CT
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
WARD, KAREN K
7 CAHABA CT
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000510367
04/29/06-80003-024 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KAREN K. WARD, VS 4/10/06

Date

Daytime Phone #