

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S05399

FILED
Jan 05, 2005
Secretary of State

Entity Name: FLORIDA VACATION VILLAS, INC.

Current Principal Place of Business:

4315 FAWN MEADOWS CIR.
CLERMONT, FL 34711 US

New Principal Place of Business:

1563
DAVENPORT, FL 33836 US

Current Mailing Address:

PO BOX 1563
DAVENPORT, FL 33836 US

New Mailing Address:

FEI Number: 59-3034712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SECHREST, TROY D
4315 FAWN MEADOWS CIRCLE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

SECHREST, TROY D
PO BOX 1563
DAVENPORT, FL 33836 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

01/05/2005

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTS () Delete
Name: SECHREST, TROY D
Address: 4315 FAWN MEADOWS CIRCLE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change () Addition
Name: SECHREST, TROY D
Address: PO BOX 1563
City-St-Zip: DAVENPORT, FL 33836

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY SECHREST

Electronic Signature of Signing Officer or Director

PRES

01/05/2005

Date