FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90543 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S79111

1. Entity Name
VACATION HOME EXCHANGE SERVICES INTERNATIONAL, INC.

14014711

Principal Place of Business	Mailing Address
8211 COLLEGE PKWY. FORT MYERS, FL 33919	8211 COLLEGE PKWY. FORT MYERS, FL 33919

04292005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
8010 Summerlin Lakes Dr.		8010 Summerlin Lakes Dr.	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State Fort Myers FL		City & State Fort Myers FL	
Zip 33907	Country USA	Zip 33907	Country USA

4. FEI Number 65-0283175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBOUR, WILLIAM R., JR.
16956-4 SOUTH MCGREGOR BLVD.
FT. MYERS, FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 6810 Turban Ct.
City Fort Myers FL Zip Code 33908

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] 4-29-05
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	DP	☐ Delete	TITLE	DP	☒ Change ☐ Addition
NAME	BARBOUR, WILLIAM R. JR.		NAME	Barbour, William R. Jr.	
STREET ADDRESS	6809 TURBAN		STREET ADDRESS	6810 Turban Ct.	
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	DST	☐ Delete	TITLE	DST	☒ Change ☐ Addition
NAME	BARBOUR, MARY M.		NAME	Barbour, Mary M.	
STREET ADDRESS	6809 TURBAN		STREET ADDRESS	6810 Turban Ct.	
CITY-ST-ZIP	FT. MYERS, FL		CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 4-29-05 239-466-1083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM R. BARBOUR, JR