2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21239

FILED Mar 02, 2004 Secretary of State

Entity Name: CONTEMPO FLORIDA HOLIDAYS LIMITED, INC.

• • • • • • • • • • • • • • • • • • • •	rincipal Place	of Business:	New Principal Pl	ace of Business:
43344 HW DAVENPO	Y 27 DRT, FL 33837	US		
Current N	lailing Address	s:	New Mailing Add	ress:
43344 HW DAVENPC	YY 27 DRT, FL 33837	US		
FEI Number	: 59-3113179	FEI Number Applied For()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Addre	ss of New Registered Agent:
43344 US	TT, DONALD HWY 27 DRT, FL 33837			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its regis	tered office or registered agent, or both,
SIGNATUI	RE:			
	-			
	Electroni	ic Signature of Registered Ag	ent	Date
Election Ca		ic Signature of Registered Ag Trust Fund Contribution ().	ent	Date
		Trust Fund Contribution ().		
OFFICER: Title: Name: Address:	mpaign Financing	Trust Fund Contribution (). FORS: Delete DNALD LL DR		
	S AND DIRECT PD () WHERRETT, DO 7162 MONTREA LAKELAND, FL	Trust Fund Contribution (). FORS: Delete DNALD JL DR 33809 US Delete ARY BLVD	ADDITIONS/CHA Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS:
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address:	PD () WHERRETT, DO 7162 MONTREA LAKELAND, FL D () LEVENTHAL, GA 8126 FIRENZE I ORLANDO, FL	Trust Fund Contribution (). FORS: Delete DNALD AL DR 33809 US Delete ARY BLVD 32836 US Delete ARD J BE DRIVE	ADDITIONS/CHA Title: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTORS: () Change () Addition

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: RICHARD J SAMSON D 03/02/2004