

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 08:00 AM
Secretary of State



DOCUMENT # V28387
 1. Entity Name
V.S.N. DRIFTWOOD INN INC.

Principal Place of Business
2432 PARK AVE.
SINGER ISLAND, FL 33404

Mailing Address
206 CLAREMONT LANE
PALM BCH SHRS, FL 33404 US



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0389754	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STOGIANNIS, TINA
206 CLAREMONT LANE
PALM BEACH SHORES, FL 33404

DO NOT WRITE 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

INITIALS: **74-12,04-20075-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STOGIANNIS, STEVE 206 CLAREMONT LN PALM BEACH SHORES, FL 33404
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STOGIANNIS, TINA 206 CLAREMONT LN PALM BEACH SHORES, FL 33404
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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 *Tina Stogiannis* **TINA STOGIANNIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-04 **561 848 8769**
Date Daytime Phone #