


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.	
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Principal Place of Business 2432 PARK AVE. SINGER ISLAND, FL 33404	Mailing Address 206 CLAREMONT LANE PALM BCH SHRS, FL 33404 US
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DO NOT WRITE IN THIS SPACE



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0389754	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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: [unclear]
 APR 12 2004 08:07:50 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STOGIANNIS, STEVE 206 CLAREMONT LN PALM BEACH SHORES, FL 33404
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STOGIANNIS, TINA 206 CLAREMONT LN PALM BEACH SHORES, FL 33404
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DO NOT WRITE IN THIS SPACE

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 #