

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 378760

**Entity Name:** VACATIONER SHOPPE, INC.

**Current Principal Place of Business:**

4526 N LAKEWOOD DRIVE  
PARKER, FL 32404

**Current Mailing Address:**

4526 N LAKEWOOD DRIVE  
PARKER, FL 32404 US

**FEI Number:** 59-1349881

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BELL, SUSAN L.  
4526 N LAKEWOOD DRIVE  
PARKER, FL 32404 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

Date

**Officer/Director Detail :**

Title D  
Name BELL, KENNETH E  
Address 4526 N LAKEWOOD DRIVE  
City-State-Zip: PARKER FL 32404

Title PST  
Name BELL, SUSAN L.  
Address 4526 N LAKEWOOD DRIVE  
City-State-Zip: PARKER FL 32404

Title D  
Name BELL, SUSAN L  
Address 4526 N LAKEWOOD DRIVE  
City-State-Zip: PARKER FL 32404

Title D  
Name CONNER, ROBERT IV  
Address 4526 N LAKEWOOD DRIVE  
City-State-Zip: PARKER FL 32404

*I hereby 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 all other like empowered.*

**SIGNATURE:** SUSAN L BELL

**PRESIDENT**

**02/26/2025**

Electronic Signature of Signing Officer/Director Detail

Date