


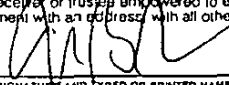
2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/14/2006-90019-003-\$150.00-\$150.00

FILED

06 AUG 11 AM 7:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F05000003771					
1. Entity Name GVN MICHIGAN, INC.					
Principal Place of Business 2849 EXECUTIVE DRIVE, SUITE 100 CLEARWATER, FL 33762			Mailing Address 2849 EXECUTIVE DRIVE, SUITE 100 CLEARWATER, FL 33762		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 27-0049781	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when re-appointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOWERS, WILLIS B	NAME			
STREET ADDRESS	2849 EXECUTIVE DRIVE, SUITE 100	STREET ADDRESS			
CITY-STATE-ZIP	CLEARWATER, FL 33762	CITY-STATE-ZIP			
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOWERS, BARBARA J	NAME			
STREET ADDRESS	2849 EXECUTIVE DRIVE, SUITE 100	STREET ADDRESS			
CITY-STATE-ZIP	CLEARWATER, FL 33762	CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 2/6/2006 Phone: 727-572-1601		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

2/8/14



GLOBAL VACATION NETWORK

CORPORATE OFFICE - 2849 EXECUTIVE DRIVE · SUITE 100 · CLEARWATER, FL 33762 · PH: (727) 572-1601 · FAX: (727) 556-0352

July 26, 2006

Florida Department of State
Division of Corporation
P>O. Box 6327
Tallahassee, Florida 32314

Reference Number: F05000003771, GVN Michigan, Inc.

Dear Madam/Sir:

We are in receipt of your letter dated July 17, 2006, accessing us a \$400.00 late fee for late filing of our Annual Report for the above mention corporation. We are respectfully asking that you waive this late fee. We originally mailed this Annual Report on February 6, 2006, with our check number 1350 and had assumed this report had reached its destination. On July 5, 2006, we received your notice of Intent to Dissolve. After an examination of our records we found that our check had not cleared and we issued a stop payment on our original check and issued a new one for \$150.00. We mailed that check and a copy of our original Annual Report to you on July 11, 2006. As proof of this incident we are enclosing a copy of both check stubs as printed. The second check bares the same date as the original for our accounting purposes.

If we can provide any further information for you to consider a waiver of the \$400 fee, please let us know. Our intent was to file this appropriately and in a timely manner.

Thank you, in advance, for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Joy Ibey', with a large, sweeping flourish at the end.

S. Joy Ibey
Controller

Enc: Copy of Check Stub 1350
Copy of Check Stub 1729
Copy of Annual Report
Copy of Letter from Division of Corporations

2006



FLORIDA DEPARTMENT OF STATE
Secretary of State
Sue M. Cobb
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

Page 3084

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JUL 5 RECD

DOCUMENT

1. Entity Name
GVN MICHIGAN,

Principal Place of Business
2849 EXECUTIVE DRIVE
CLEARWATER, FL 3376

2. Principal Place of Business

Suite, Apt. #, etc.

NOTICE OF INTENT TO DISSOLVE

0218238 01 AV 0.188 **AUTO T7 1 1203 33762-556025



GVN MICHIGAN, INC.

aid 1/16

GVN MICHIGAN, INC. CLEARWATER, FL 33762

Florida Department of State

Florida Annual Report

2/10/2006

001350

150.00

*7/1/10/06 cancelled check
still not cleared*

PAYMENT RECORD

Wachovia2

150.00

GVN MICHIGAN, INC.

Florida Department of State

2/10/2006

1729

150.00

*Replacement
check
cleared
7/17/06*

Wachovia2

F05000003771-Replace Ck#1350

150.00

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Check Status Inquiry Results				
Serial	Status	Date	Amount	Action
1729	PAID	07-17-06	\$150.00	N/A

© Wachovia Corporation, 2004

proof of cleared check