

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 413987

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: INVERRARY TRAVEL, INC.

**Current Principal Place of Business:**

545 WATERMARK #404  
DANIA BEACH, FL 33004

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1807  
DANIA BEACH, FL 33004

**New Mailing Address:**

545 WATERMARK # 404  
DANIA BEACH, FL 33004

FEI Number: 59-1457274

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEBER, BETTE L  
545 WATERMARK ST. #404  
DANIA, FL 33004 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WEBER, BETTE L  
Address: 545 WATERMARK ST., APT. 404  
City-St-Zip: DANIA, FL 33004

Title: S ( ) Delete  
Name: MUNOZ, TAWNY C  
Address: 3141 SUNSET CIRCLE  
City-St-Zip: MARGATE, FL 33063

Title: V ( ) Delete  
Name: WEBER, WILLIAM A  
Address: 545 WATERMARK ST APT 404  
City-St-Zip: DANIA BEACH, FL 33004

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BETTE L WEBER

P

04/08/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date