

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G41479

FILED  
May 04, 2005  
Secretary of State

Entity Name: A TRAVEL PLACE OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

12650 CHAPELTOWN CIR W  
JACKSONVILLE, FL 32225 US

**New Principal Place of Business:**

**Current Mailing Address:**

12650 CHAPELTOWN CIR W  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

FEI Number: 59-2648098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAYES, GREG  
12650 CHAPELTOWN CIR W  
JACKSONVILLE, FL 32225 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAYES, FAITH  
Address: 12650 CHAPELTOWN CIR W  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: TREA ( ) Delete  
Name: HAYES, GREG  
Address: 12650 CHAPELTOWN CIR W  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP ( ) Delete  
Name: BARRY, JULIE  
Address: 10214 WOOD DOVE WAY  
City-St-Zip: JACKSONVILLE, FL 32221

Title: SEC ( ) Delete  
Name: BARRY, KEVIN  
Address: 10214 WOOD DOVE WAY  
City-St-Zip: JACKSONVILLE, FL 32221

**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:

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: GREG HAYES

TREA

05/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date