

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G56935

FILED  
May 06, 2004  
Secretary of State

Entity Name: CHAO TRAVEL SERVICES, INC.

**Current Principal Place of Business:**

% TOM CHAO  
8352 BAYMEADOWS  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

% TOM CHAO  
8352 BAYMEADOWS  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 59-2324271      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CHAO, TOM  
8352 BAYMEADOWS  
JACKSONVILLE, FL 32256      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: PD ( ) Delete  
Name: CHAO, THOMAS,  
Address: 4229 CORDGRASS INLET DR  
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete  
Name: CHAO, MARY,  
Address: 4229 CORDGRASS INLET DR  
City-St-Zip: JAX, FL

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

Title: PD (X) Change ( ) Addition  
Name: CHAO, THOMAS,  
Address: 4229 CORDGRASS INLET DR  
City-St-Zip: JACKSONVILLE, FL 32250

Title: D (X) Change ( ) Addition  
Name: CHAO, MARY,  
Address: 4229 CORDGRASS INLET DR  
City-St-Zip: JAX, FL 32250

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: TOM CHAO

PRES

05/06/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date