

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81743

FILED  
Apr 09, 2008  
Secretary of State

Entity Name: STRICKLAND TRAVEL, INC.

**Current Principal Place of Business:**

D/B/A CARLSON WAGONLIT TRAVEL  
1834 HERMITAGE BLVD.  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

D/B/A CARLSON WAGONLIT TRAVEL  
1834 HERMITAGE BLVD.  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 59-2608390      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

STRICKLAND, WILLIAM HARRISON  
1834 HERMITAGE BLVD  
TALLAHASSEE, FL 32308      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: PD ( ) Delete  
Name: HORNER, KELLIE  
Address: 614 BETH PAGE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD ( ) Delete  
Name: STRICKLAND, WILLIAM H  
Address: 2624 YAMBOUTH LANE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: DS ( ) Delete  
Name: ILLERS, PATRICIA M  
Address: 3872 PADDRICK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

**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 exemption stated 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 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: KELLIE M HORNER

PD

04/09/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date