

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H81743

FILED  
Apr 05, 2011  
Secretary of State

**Entity Name:** STRICKLAND TRAVEL, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

D/B/A TRAVEL LEADERS  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HORNER, KELLIE  
Address: 614 BETH PAGE RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VPD  
Name: STRICKLAND, WILLIAM H  
Address: 2624 YABMOUTH LANE  
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby 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 all other like empowered.

SIGNATURE: KELLIE HORNER

PD

04/05/2011

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

\_\_\_\_\_ Date