

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # J02005	
1. Entity Name A. J. TRAVELMART, INC.	

Principal Place of Business 1537 BEVERLY DR. CLEARWATER, FL 33764	Mailing Address 1537 BEVERLY DR. CLEARWATER, FL 33764
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CRZE034 (11/06)

4. FFI Number 59-2608842	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NICHOLS, JAMES 1537 BEVERLY DR. CLEARWATER, FL 33764	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent Signature is not required when not a director) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NICHOLS, JAMES 1537 BEVERLY DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NICHOLS, ANASTASIA S 1537 BEVERLY DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVEY, NIKIMARIE 1537 BEVERLY DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, GEORGE 1537 BEVERLY DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/11/07-80030-006 150.00**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached sheet with my address, with all other like empowered.

SIGNATURE: James H. Nichols April 26/2007 (727) 531-4928
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR