

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000019803

1. Entity Name
CASTAWAYS TRAVEL, INC.



FILED
Jan 16, 2004 08:00 AM
Secretary of State

Principal Place of Business
4711 SW 24TH AVE
CAPE CORAL, FL 33914

Mailing Address
4711 SW 24TH AVE
CAPE CORAL, FL 33914



01132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0818920
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JOSE
1101 SW 14TH TERRACE
CAPE CORAL, FL 33990

DO NOT WRITE
IN THIS SPACE

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MARTIN, JOSE 1101 SE 14TH TER CAPE CORAL, FL 33990
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01/15/04-80018-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jose Martin, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-03
Date

741-540-8669
Daytime Phone #