

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # V29601		
1. Entity Name MERSCH TRAVEL, INC.		
Principal Place of Business 5931 SW 199 AVE. PEMBROKE PINES, FL 33332 US		Mailing Address 5931 SW 199 AVE. PEMBROKE PINES, FL 33332 US
DO NOT WRITE IN THIS SPACE		
		
01042006 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-0326834		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MERSCH, LINDA 5931 SW 199 AVE. PEMBROKE PINES, FL 33332		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 file if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DP MERSCH, LINDA K. 5931 SW 199 AVE FT LAUDERDALE, FL 33332	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MERSCH, CHARLES W 5931 SW 199 AVE FT LAUDERDALE, FL 33332	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Linda Mersch</u> LINDA MERSCH		8-1-06 954-434-1015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #