## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Jan 08, 2007 08:00 AM DOCUMENT # V29601 **Secretary of State** 1. Entity Name MERSCH TRAVEL, INC. Principal Place of Business Mailing Address 5931 SW 199 AVE. 5931 SW 199 AVE. PEMBROKE PINES, FL 33332 US PEMBROKE PINES, FL 33332 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0326834 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MERSCH, LINDA DO NOT WRITE 5931 SW 199 AVE. PEMBROKE PINES, FL 33332 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 \$5.00 May Be FILE NOWI!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE MERSCH, LINDA K. NAME STREET ADDRESS 5931 SW 199 AVE CITY-ST-ZIP FT LAUDERDALE, FL 33332 VPST TITLE U00000577761 01/09/07-80002-011 150.00 NAME MERSCH, CHARLES W STREET ADDRESS 5931 SW 199 AVE CITY-ST-ZIP FT LAUDERDALE, FL 33332 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TiTLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 at attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP

JAN 4, 2001

954-434-1015