

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065122

FILED
Jun 28, 2005
Secretary of State

Entity Name: UNIVERSITY TRAVEL OF FLORIDA, INC.

Current Principal Place of Business:

1759 W. BROADWAY
SUITE 7
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

1759 W. BROADWAY
SUITE 7
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3266798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGAS, PHILIP
34 EAST PINE STREET
ORLANDO, FL 32801 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHUMAKER, JANET
Address: 1020 NANCY CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S () Delete
Name: ELLISON, ROBERT
Address: 1761 WEST SCHWARTZ
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JANET SHUMAKER

P

06/28/2005

Electronic Signature of Signing Officer or Director

Date