

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # P95000093492

1. Entity Name
ETOURANDTRAVEL, INC.



Principal Place of Business
3626 QUADRANGLE BLVD
STE 400
ORLANDO, FL 32817 US

Mailing Address
920 EAST THIRD AVENUE
NEW SMYRNA BEACH, FL 32169 US

DO NOT WRITE IN THIS SPACE



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3353371

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KOSMAS, ROBERT P
920 EAST THIRD AVENUE
NEW SMYRNA BEACH, FL 32169

**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, 2008 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
DST
KOSMAS, ROBERT P
920 EAST THIRD AVENUE
NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DV
KOSMAS, NICHOLAS G
920 EAST THIRD AVENUE
NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
KOSMAS, STEVEN P
920 EAST THIRD AVENUE
NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
DUFFY, TRUDY
920 EAST THIRD AVENUE
NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
CROFT, J. LANCE
920 EAST THIRD AVENUE
NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/20/08-80007-003 158.75

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRUDY DUFFY

2/15/08

Date

386-427-6892

Daytime Phone #