


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2008 8:00 am**  
**Secretary of State**

05-09-2008 90009 042 \*\*\*150.00

<b>DOCUMENT # P95000055015</b> 1. Entity Name B.I.R.D. TRAVEL AGENCY, INC	
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Principal Place of Business 2200 US HWY 19 HOLIDAY, FL 34691 US	Mailing Address 2200 US HWY 19 HOLIDAY, FL 34691 US
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40100155



02122008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3329204	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  RALSTON, BARBARA J 1136 US 19 HOLIDAY, FL 34691
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	<i>President</i> RALSTON, BARBARA J 1136 US 19 HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Vice President</i> CLAIR M. JONES 4914 FILNER ST New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: *Barbara J. Ralston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-23-08 727-375-5060*

Date

Daytime Phone #