

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002569

Entity Name: CERTIFIED TRAVEL PROFESSIONALS, INC.

Current Principal Place of Business:

1165 RIVERBEND DR.
LABELLE, FL 33935

Current Mailing Address:

1165 RIVERBEND DR.
LABELLE, FL 33935

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STILPHEN, PETER
1165 RIVERBEND DR.
LABELLE, FL 33935 US

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

Officer/Director Detail :

Title	D	Title	DIRECTOR
Name	STILPHEN, PETER	Name	STILPHEN, BILLIE L
Address	1165 RIVERBEND DR.	Address	1165 RIVERBEND DRIVE
City-State-Zip:	LABELLE FL 33935	City-State-Zip:	LABELLE FL 33935

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER STILPHEN

MGR PARTNER

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date