

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002569

**FILED**  
**May 01, 2015**  
**Secretary of State**  
**CC1208693948**

**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