

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000084372

Entity Name: FANTASY GUILD TOURS, INC**Current Principal Place of Business:**12445 OLD COUNTRY ROAD
WELLINGTON, FL 33414**Current Mailing Address:**12445 OLD COUNTRY ROAD
WELLINGTON, FL 33414 US**FEI Number:** 47-5397054**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BEAMER, KATHRYN M
11811 US HIGHWAY ONE
102
NORTH PALM BEACH, FL 33408 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	P
Name	VAZQUEZ, HERIBERTO P
Address	12445 OLD COUNTRY ROAD
City-State-Zip:	WELLINGTON FL 33414

Title	VP
Name	MCGILL, MARIA
Address	6281 39TH STREET N, SUITE F
City-State-Zip:	PINELLAS PARK FL 33781

Title	T
Name	VAZQUEZ, HERIBERTO P
Address	12445 OLD COUNTRY ROAD
City-State-Zip:	WELLINGTON FL 33414

Title	SEC
Name	MCGILL, MARIA
Address	6281 39TH STREET N, SUITE F
City-State-Zip:	PINELLAS PARK FL 33781

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

SIGNATURE: HERIBERTO VAZQUEZ**PRESIDENT****01/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date