2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 217041

1. Entity Name
BOYNTON TRAVEL AGENCY INC

Principal Place of Business	Mailing Address
112 S FEDERAL HWY STE 7 BOYNTON BCH., FL 33425	112 S FEDERAL HWY PO BOX 38 BOYNTON BCH., FL 33425

DO NOT WRITE IN THIS SPACE

01242007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0861787
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRAWNER, PHILIP L, ESQ
2950 SW 27 AVE STE #210
MIAMI, FL 33133

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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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000622251
02/13/07-80017-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	MACDOWELL, BARBARA
STREET ADDRESS	3654 SILVER LACE LN 19
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	D
NAME	MACDOWELL, ANDREW D
STREET ADDRESS	126 EMMETT AVE
CITY-ST-ZIP	DERBY, CT 06418
TITLE	D
NAME	OBER, DAVID
STREET ADDRESS	3798 LUCY DR
CITY-ST-ZIP	DOYLESTOWN, PA 18901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 D. MacDowell 1/24/07 561 732 8155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #