

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # 217041

1. Entity Name

BOYNTON TRAVEL AGENCY INC



Principal Place of Business

112 S FEDERAL HWY STE 7
BOYNTON BCH., FL 33425

Mailing Address

112 S FEDERAL HWY
PO BOX 38
BOYNTON BCH., FL 33425



03242008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 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

**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 D. MacDowell*

BARBARA MACDOWELL ✓

3/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #