

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 217041

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: BOYNTON TRAVEL AGENCY INC

## Current Principal Place of Business:

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

## New Principal Place of Business:

112 S FEDERAL HWY  
SUITE 7  
BOYNTON BCH., FL 33435 US

## Current Mailing Address:

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

## New Mailing Address:

112 S FEDERAL HWY  
SUITE 7  
BOYNTON BCH., FL 33435 US

FEI Number: 59-0861787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BRAWNER, PHILIP L, ESQ  
2950 S.W. 27 AVE.  
SUITE 210  
MIAMI, FL 33133 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:

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete  
Name: MACDOWELL, BARBARA,  
Address: 3654 SILVER LACE LN 19  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: D ( ) Delete  
Name: MACDOWELL, ANDREW D  
Address: 126 EMMETT AVE  
City-St-Zip: DERBY, CT 06418

Title: D ( ) Delete  
Name: OBER, DAVID  
Address: 3798 LUCY DR  
City-St-Zip: DOYLESTOWN, PA 18901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: MACDOWELL, BARBARA,  
Address: 3654 SILVER LACE LN #19  
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: D (X) Change ( ) Addition  
Name: MACDOWELL, ANDREW D  
Address: 126 EMMETT AVE  
City-St-Zip: DERBY, CT 06418 US

Title: D (X) Change ( ) Addition  
Name: OBER, DAVID  
Address: 808 SHARVIEW CIRCLE # 936  
City-St-Zip: CHARLOTTE, NC 28217 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BARBARA MACDOWELL

DPT

03/04/2009

Electronic Signature of Signing Officer or Director

Date