


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90355 013 \*\*\*150.00

<b>DOCUMENT # 223268</b> 1. Entity Name <b>P.A. GERACI TRAVEL AGENCY, INC.</b>			
Principal Place of Business <b>1400 COLONIAL BLVD #259 FT MYERS, FL 33907 US</b>		Mailing Address <b>1400 COLONIAL BLVD #259 FT MYERS, FL 33907 US</b>	
2. Principal Place of Business <b>8595 College Pkwy. Suite, Apt. #, etc. A-6</b>		3. Mailing Address <b>8595 College Pkwy. Suite, Apt. #, etc. A-6</b>	
City & State <b>FT. Myers, Florida</b> Zip <b>33919</b>		City & State <b>FT. Myers, Florida</b> Zip <b>33919</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-1035790</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LAWTON, WILLIAM C 1400 COLONIAL BLVD STE 259 FT MYERS, FL 33907</b>		7. Name and Address of New Registered Agent Name <b>Lawton, William C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8595 College Pkwy. - #A-6</b> City <b>FT. Myers</b> FL Zip Code <b>33919</b>	
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 <u>William C. Lawton</u> <u>William C. Lawton</u> <u>2/3/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LAWTON, WILLIAM C. 667 CAMELLIA DRIVE FORT MYERS, FL 33903	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TOLISANO, VINCENT G 14760 ROYAL OAK COURT FORT MYERS, FL 33919	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>William C. Lawton</u> <u>2/3/06</u> <u>(239)931-0525</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			