

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

8/31/2006-90003-017-\$150.00-\$150.00

DOCUMENT # 278891

1. Entity Name
STUART TRAVEL SERVICE, INC.



Principal Place of Business
**1991 NE JENSEN BEACH RD
JENSEN BEACH, FL 34957 US**

Mailing Address
**1991 JENSEN BEACH BLVD.
JENSEN BEACH, FL 34957 US**

FILED

06 SEP 21 AM 7:52

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



08232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ENGBRETSSEN, HELEN
409 N.W. RIVER DR.
STUART, FL 34994**

**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: Helen Engbretsen Pres. Helen Engbretsen 8/25/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when appointing) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ENGELBRETSSEN, HELEN 409 N. RIVER DRIVE STUART, FL 00000, 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ENGELBRETSSEN, TOLEY 409 N. RIVER DRIVE STUART, FL 00000, 34994
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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: Helen Engbretsen Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/18/06
Date

772-334-1300
Daytime Phone #

jc 9/25