

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 362797

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: CONTINENTAL CAPERS TRAVEL CENTER INC

## Current Principal Place of Business:

4061 NW 43RD ST  
SUITE 20  
GAINESVILLE, FL 32606 US

## New Principal Place of Business:

## Current Mailing Address:

4061 NW 43RD ST  
SUITE 20  
GAINESVILLE, FL 32606 US

## New Mailing Address:

FEI Number: 59-1287805      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MAY, JOHN B.  
9910 N.W. 53RD AVE.  
GAINESVILLE, FL 32653 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BROWN, SARAH M,  
Address: 39 NW 39 AVE  
City-St-Zip: GAINESVILLE, FL 00000,

Title: D ( ) Delete  
Name: BROWN, REED B III,  
Address: 39 NW 39 AVE  
City-St-Zip: GAINESVILLE, FL 00000,

Title: VS ( ) Delete  
Name: MAY, JOHN B,  
Address: 9910 NW 53 AVE  
City-St-Zip: GAINESVILLE, FL 00000,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN B MAY

VP

04/05/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date