

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90038 022 ***150.00

DOCUMENT # 414633

1. Entity Name

TRANSOLAR TRAVEL, INC



Principal Place of Business

C/O WALTER T. ROSE, JR.
101 N. ATLANTIC AVENUE
COCOA BEACH FL 32931

Mailing Address

C/O WALTER T. ROSE, JR.
101 N. ATLANTIC AVENUE
COCOA BEACH FL 32931

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MC GEE, DAVID
258 BIMINI RD.
COCOA ISLES
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MC GEE, DAVID**
STREET ADDRESS **30 SEA ROAD WALLASEY**
CITY-ST-ZIP **MERSEYSIDE, ENGLAND**

TITLE **ST** ☐ Delete
NAME **MC GEE, BARBARA**
STREET ADDRESS **505 SNUG HARBOR DRIVE**
CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **V** ☐ Delete
NAME **MCMAHON, PATRICIA**
STREET ADDRESS **8 LINKS VIEW WALLASEY**
CITY-ST-ZIP **MERSEYSIDE, ENGLAND**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MC GEE BARBARA**
STREET ADDRESS **1835 MINUTEMEN CAUSEWAY**
CITY-ST-ZIP **COCOA BEACH, FLORIDA, 32931**

TITLE ☐ Change ☐ Addition
NAME **MCMAHON, PATRICIA**
STREET ADDRESS **8 LINKS VIEW WALLASEY**
CITY-ST-ZIP **MERSEYSIDE, ENGLAND**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

David McGee **DAVID MC GEE**

Date

Daytime Phone #

23 JAN 04 321 784 3124