

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 453835

FILED
Jan 24, 2009
Secretary of State

Entity Name: HOLBROOK TRAVEL, INC.

Current Principal Place of Business:

3540 NW 13TH STREET
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

3540 NW 13TH STREET
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 59-1543873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK, ANDREA
608 NE 5TH AVE
GAINESVILLE, FL 32601 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: PM () Delete
Name: HOLBROOK, ANDREA
Address: 608 NE 5TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: T () Delete
Name: HOLBROOK, JUAN
Address: 6418 NW 97TH CT
City-St-Zip: GAINESVILLE, FL 32653

Title: S () Delete
Name: HOLBROOK, CORNELIA
Address: 625 W UNIV AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP (X) Delete
Name: HOLBROOK, GIOVANNA
Address: 608 NE 5TH AVE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: HOLBROOK, GIOVANNA
Address: 608 NE 5TH AVE
City-St-Zip: GAINESVILLE, FL 32601

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

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: ANDREA HOLBROOK

PM

01/24/2009

Electronic Signature of Signing Officer or Director

Date