


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 479441 1. Entity Name M. BRINCKLOW TOURS, INC.	
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Principal Place of Business 435 SAN JOSE DR PO BOX 1267 DUNEDIN, FL 34697	Mailing Address 435 SAN JOSE DR PO BOX 1267 DUNEDIN, FL 34697
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01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1609485	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	

6. Name and Address of Current Registered Agent BRINCKLOW, MARTHA 435 SAN JOSE DRIVE DUNEDIN, FL 34698

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000136893 04/28/04-80102-001 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRINCKLOW, MARTHA 435 SAN JOSE DRIVE DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRINCKLOW, ELIZABETH 736 SCOTLAND ST DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRINCKLOW, RALPH 620 SAN SALVADOR DR. DUNEDIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: Martha P. Brincklow Martha P. BRINCKLOW 4/28/04 (927) 733-5919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #