

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90062 033 \*\*\*150.00

**DOCUMENT # 542121**

1. Entity Name

WORLDWIDE TRAVEL CENTER, INC.



Principal Place of Business

7563 PHILIPS HIGHWAY  
SUITE 207  
JACKSONVILLE FL 32256

Mailing Address

7563 PHILIPS HIGHWAY  
SUITE 207  
JACKSONVILLE FL 32256

2. Principal Place of Business

11980 TORREYANNA CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 30009

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

WEST PALM BEACH FL

Zip

33412

Country

City & State

PALM BEACH GARDENS FL

Zip

33420-0009

Country

4. FEI Number

59-1755408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLETCHER, WILLIAM H.  
7563 PHILIPS HIGHWAY  
SUITE 207  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name WILLIAM H. FLETCHER

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

11980 TORREYANNA CIRCLE

City WEST PALM BEACH

FL

Zip Code 33412

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

WILLIAM H. FLETCHER V.P.

William H. Fletcher

26 JAN 04

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 VT ☐ Delete  
NAME FLETCHER, WILLIAM H.  
STREET ADDRESS 7563 PHILIPS HIGHWAY, STE 207  
CITY-ST-ZIP JACKSONVILLE FL

TITLE P ☐ Delete  
NAME BURRAS, CHRISTOPHER  
STREET ADDRESS 7563 PHILIPS HIGHWAY, STE 207  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 11980 TORREYANNA CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11980 TORREYANNA CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL 33412

TITLE ☐ Change ☐ Addition  
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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:

William H. Fletcher

WILLIAM H. FLETCHER

26 JAN 04 561-209-2045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #