

**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

3. Mailing Address
P.O. BOX 30009

Suite, Apt. #, etc.

City & State
WEST PALM BEACH FL

City & State
PALM BEACH GARDENS FL

Zip
33412

Country

Zip
33420-0009

Country



MOORE CR2E034 (11/03)

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**

4. FEI Number **59-1755408** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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* DATE **26 JAN 04**
(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FLETCHER, WILLIAM H. 7563 PHILIPS HIGHWAY, STE 207 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11980 TORREYANNA CIRCLE WEST PALM BEACH FL 33412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURRAS, CHRISTOPHER 7563 PHILIPS HIGHWAY, STE 207 JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11980 TORREYANNA CIRCLE WEST PALM BEACH FL 33412
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE **26 JAN 04** 561-209-2045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #