


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 01, 2004 08:00 AM  
Secretary of State

DOCUMENT # 558877 1. Entity Name GLADES TRAVEL SERVICE, INC.	
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Principal Place of Business 18 NE AVENUE EAST BELLE GLADE, FL 33430	Mailing Address 18 NE AVENUE EAST BELLE GLADE, FL 33430
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03142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1830343	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  RONGIONE, TINA 18 NE AVE EAST BELLE GLADE, FL 33430
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RONGIONE, EDWARD 18 NE AVE E BELLE GLADE, FL 33430,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONGIONE, TINA L 18 NE AVE E BELLE GLADE, FL 33430,
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<p>000000100946 04/01/04-80028-011 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u>Tina Rongione</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>29 Mar 04</u>	Daytime Phone # <u>561-936-4130</u>
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