


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 14, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # 585413</b> 1. Entity Name HERB SUSSMAN'S WORLD TRAVEL, INC.	
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Principal Place of Business 221 SEABREEZE BOULEVARD DAYTONA BEACH, FL 32118-4025	Mailing Address 221 SEABREEZE BOULEVARD DAYTONA BEACH, FL 32118-4025
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**DO NOT WRITE IN THIS SPACE**



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1872559	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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6. Name and Address of Current Registered Agent  
  
SUSSMAN, HERBERT S.  
221 SEABREEZE BOULEVARD  
DAYTONA BEACH,, FL

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this report 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. Registered Agent signature required when renewing.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UN00001230190 02/15/05-80032-012-150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUSSMAN, HERBERT 221 SEABREEZE BLVD. DAYTONA BEACH, FL
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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:**  **2/4/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #