

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 598996

FILED
Apr 29, 2008
Secretary of State

Entity Name: TRAVEL WORLD OF FORT MYERS, INCORPORATED

Current Principal Place of Business:

12901-7 MCGREGOR BLVD
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

12901-7 MCGREGOR BLVD
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 59-1891427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PURCELL, DOUGLAS K
12901-7 MCGREGOR BLVD.
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PURCELL, DOUGLAS K
Address: 17565 ORIOLE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: SD () Delete
Name: PURCELL, STEPHANIE V
Address: 17565 ORIOLE ROAD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PURCELL, DOUGLAS K
Address: 6001 DREXEL LANCE #1320
City-St-Zip: FORT MYERS, FL 33919

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS K PURCELL

PD

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date