


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 637205</b> 1. Entity Name <b>INTERNATIONAL TOURNAMENT SKIING, INC.</b>	
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Principal Place of Business <b>20225 CR 33 P.O. BOX 331 GROVELAND, FL 34736 US</b>	Mailing Address <b>P.O. BOX 331 OKAHUMPKA, FL 34762-0331</b>
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03302005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1949209</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TRAVERS, JOHN W JR 7218 CR 48 YALAH, FL 34797</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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TRAVERS, LELANI G 7218 CR 48 YALAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAVERS, JOHN W, JR 7218 CR 48 YALAH, FL
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04/04/05-80033-020 158.75

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 I am empowered.

**SIGNATURE:**  **3/31/05 352-429-9027**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #