


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 656237</b>		
1. Entity Name <b>JUPITER-TEQUESTA TRAVEL, INC.</b>		
Principal Place of Business <b>144 BRIDGE ROAD TEQUESTA, FL 33469</b>		Mailing Address <b>144 BRIDGE ROAD TEQUESTA, FL 33469</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		04242004 No Chg-P CR2E034 (10/03)
		4. FEI Number <b>59-2042590</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable
6. Name and Address of Current Registered Agent <b>SULLIVAN, FRANK J JR 144 BRIDGE ROAD TEQUESTA, FL 33469</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		U000000134220 04/28/04-80009-025 150.00
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SULLIVAN FRANK J., JR 160 TURTLE CREEK DRIVE TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, JOHN D. 160 TURTLE CREEK DRIVE TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SULLIVAN, JOAN M. 160 TURTLE CREEK DR TEQUESTA, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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><i>Frank J Sullivan</i></u> <b>4-2404 561-247-5155</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		