

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 666434

1. Entity Name
ADVENTURES IN TRAVEL OF TALLAHASSEE, INC.



Principal Place of Business
**3380 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308-3710**

Mailing Address
**3380 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308-3710**



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2003920

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, M. LANCE
302 3RD STREET
SUITE 1
NEPTUNE BEACH, FL 32233**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MILLER, LANCE 302 3RD STREET, STE. 1 NEPTUNE BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FRANCESCHI, LEE ANN 2909 IVANHOE ROAD TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C KEEN, J VELMA II 504 SWEETWATER CLUB CIR LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WACKSMAN, CATHY 2644 STONEGATE DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WACKSMAN, JAMES F. 2644 STONEGATE DRIVE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEEN, SHARON 504 SWEETWATER CLUB CIR TALLAHASSEE, FL

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04/30/04 08:00 AM 181.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

890-385-3366

Daytime Phone #