2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 666434

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

FILED
05 APR 28 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

04212005 Chg-P CR2E034 (10/03)

MAY 02 2005
T. JOHNS

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
MILLER, M. LANCE 302 3RD STREET SUITE 1 NEPTUNE BEACH, FL 32233	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ Name and type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MILLER, LANCE 302 3RD STREET, STE. 1 NEPTUNE BEACH, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President~~ No change	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FRANCESCHI, LEE ANN 2909 IVANHOE ROAD TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Chairman~~ No change	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C KEEN, J VELMA II 504 SWEETWATER CLUB CIR LONGWOOD, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President 000054120280 05/10/05--01003--013 **150.00	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WACKSMAN, CATHY 2644 STONEGATE DRIVE TALLAHASSEE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WACKSMAN, JAMES F. 2644 STONEGATE DRIVE TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEEN, SHARON 504 SWEETWATER CLUB CIR TALLAHASSEE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add

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 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #